EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME TO HAVE KNOWLEDGE OF HOME MANAGEMENT IN BRONCHIAL ASTHMA AMONG SELECTED POPULATION AT KEEZH SEEZAMANGALAM VILLAGE, KANCHEEPURAM DISTRICT

By

Mr.V.KAVIYARASAN

A Dissertation submitted to

THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY,

CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL – 2012

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APPROVED BY DISSERTATION COMMITTEE

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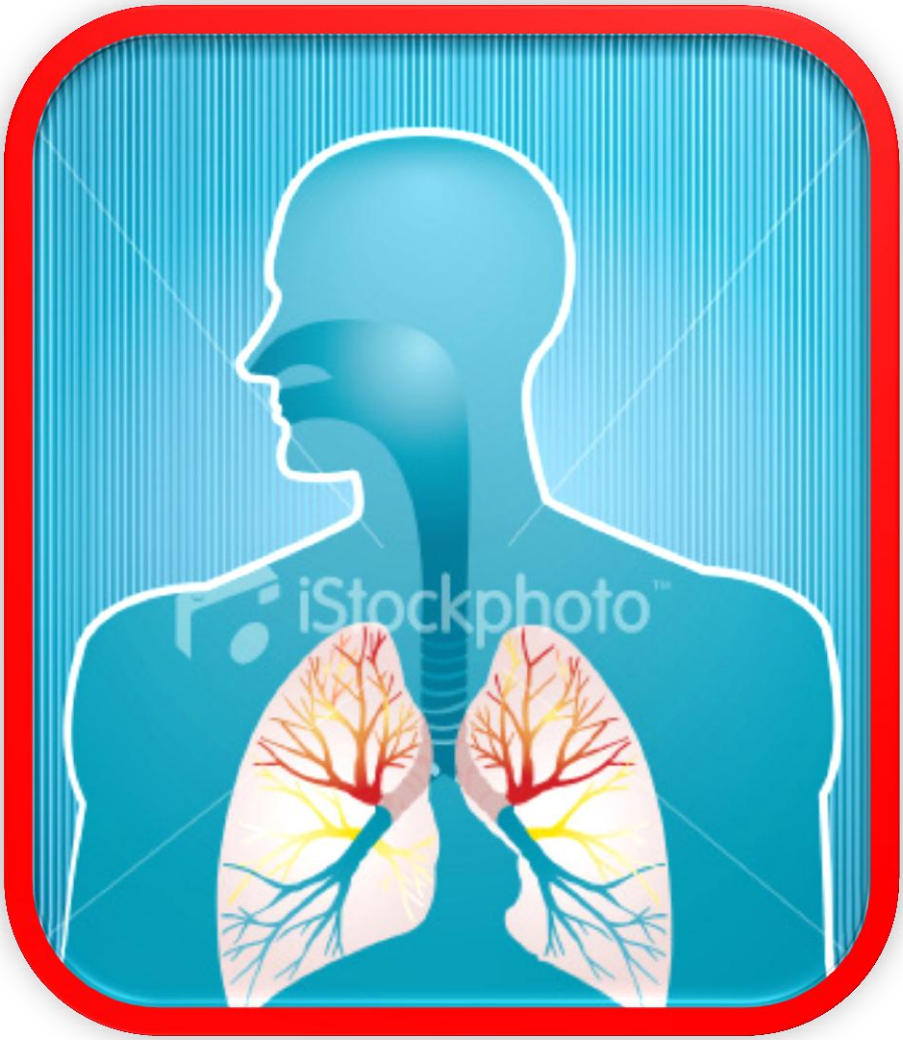

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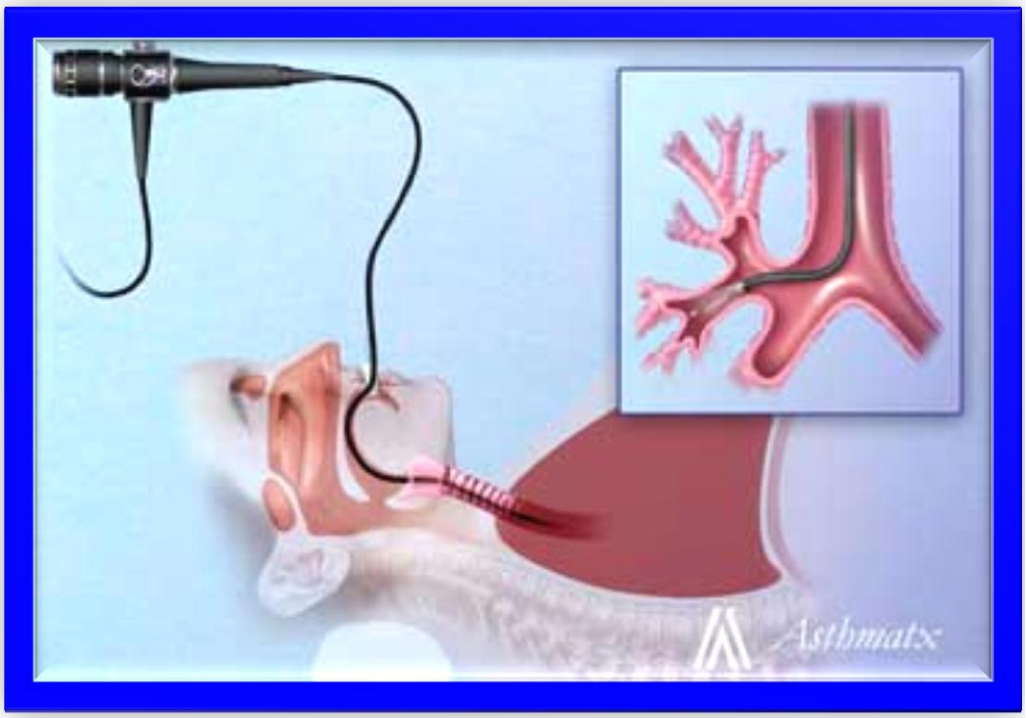


LIST OF APPENDIX

CHAPTER-I

INTRODUCTION

CHAPTER – I

INTRODUCTION:

Asthma is a Greek word which means breathless or to health with open mouth. Global strategy for asthma management and prevention guidelines defines asthma as a chronic inflammatory disorder of the airway associated with increased airway hyper responsiveness, recurrent episodes of wheezing, breathlessness and chest tightness.

Asthma is a disease that involves inflammation of the lung and restricts airflow in and out of the lungs making it hard to breathe the word asthma comes from Greek word.

Asthma affects an estimated 300 million individuals worldwide disability adjusted life years are lost and 2,50,000 asthma deaths are reported worldwide. Approximately 5,00,000 annual hospitalizations (34.6% in individuals aged 18 years or younger) are due to asthma. The cost of illness related to asthma is around 6.2 billion dollars. Each year on estimated 1.81 million people (47.8%) in individuals aged 18 years or younger) require treatment in the emergency department.

World asthma day is organized by the global initiative for asthma in collaboration with health care groups and asthma educators to raise awareness about asthma and improve asthma care throughout the world. World asthma day activities are organized in each country in May month and in 2011 the theme of the day as **"YOU CAN CONTROL YOUR ASTHMA''**. This positive theme builds on the focus on asthma control. Besides global initiative for asthma campaign to reduce asthma hospitalizations by 50% in 5 years.

Asthma is under diagnosed and undertreated although the use of inhaled corticosteroids has made a positive impact on outcomes. The increasing number of hospital admissions for asthma, which are most pronounced in young adult, reflect an increase in severe asthma poor disease management and poverty worldwide, 1,80,000 deaths annually are attributable to asthma, although overall mortality rates have fallen since 1980s. most asthma deaths occur in those 45 years old and are largely preventable, frequently being related to inadequate long term medical care or delays in obtaining medical burden on patients with asthma in different western countries ranges from 300 to 1,300 per patient per year disproportionately affecting those with

the most severe disease. There are a number of significant barriers in reducing the burden of asthma, particularly in developing countries, where many patients have limited across to care and external medications.

The global initiative for asthma focuses on patient education, written treatment plans and ongoing communications and review with patients and their providers.

According to WHO scale of problem between 100 and 150 million people around the globe roughly the equivalent of the population of the Russian federation suffer from asthma and this number is rising worldwide, deaths from this condition have reached over 180,000 annually.

India has an estimated 15 – 20 million asthmatics. In the western pacific region of WHO the incidence varies from over 50% among children in Caroline island to virtually zero in Papua New Guinea.

The nurses are in a position to identify the people knowledge, attitude and management of asthma. This will enable to the nurse to plan with specialized service to help the people to understand about asthma home management. That will make a significant

difference in the prevalence of these diseases affecting the health of the people.

NEED FOR STUDY:

Asthma is one of the world's most common long term diseases. The asthma is estimated to affect 300 million people worldwide, a number that could increase by a further 100 million by 2025 over 50 million people in central and southern Asia have asthma (global burden of asthma report).

The prevalence of asthma is predicted to increase rapidly the coming year. The increase is likely to be particularly dramatic in India, which is projected to become the world's most population's nation by 2050. In absolute 2% increase in the prevalence of asthma has increased markedly in recent years, with up three folds increases seen among people in southern Asia over last two decades about 10 out of every 100 people in India have asthma (world asthma day report 2008).

MAYO. et.al (2011) reported in a population of patients who frequently visited the emergency department because of relapses and had multiple hospital admission, an asthma

education programme. Resulted in reduction of relapses and readmission.

S.SHIVABALAN. et.al (2010) said that the general awareness of asthma is poor, patient education programme should augment awareness eliminate social stigma and misconceptions in the society regarding asthma. Knowledge about the prevailing perception in the community would be first step in achieving this.

The higher prevalence was in the UK, New Zealand, and Australia while the prevalence of asthma in Eastern Europe, Greece, and china was considerably lower.

In world health organization recognizes asthma as a major health problem. Significant factor influencing the acceptance of the disease and compliance to the therapy. There for patient education programme forms an integral component in the long term management of asthma. Knowledge empowers patients, especially in a chronic disease like asthma.

WILLIAMS ALIEN et.al, (2010) comparative study on prevalence of asthma in urban and rural People in Tamil Nadu was conducted .A total of 584 people from Chennai and 275 people from 25 villages around Chennai were selected as the samples.

The overall prevalence of asthma was 18% and the prevalence of diagnosed asthma was 5%. 22% of urban and 9 % of rural people .In our country ignorance, superstitions and social stigma associated with asthma and its management can only be countered by constant discussions encouragement and consistent educational programmes.

CHAKRAVARTHY.S et.al (2009) described in a comparative study on prevalence of asthma in urban and rural. Asthma was 18% and prevalence of diagnosed asthma was 5- 22% of urban and 9% of rural children 6- 12% of age reported breathing difficulty. Urban reported more often than rural.

In our country ignorance superstition and social stigma associated with asthma and its management can only be countered by constant discussion encouragement and consistent educational programmers.

Due to misconceptions and erroneous assumption of facts people are not readily accepting the inhalers thinking that it is very costly and it will leads to addiction.

In our country ignorance, superstitions and social stigma associated with asthma and its management can only be

countered by constant Discussions encouragement and consistent educational programmes. Due to misconceptions and erroneous assumption of facts parents are not readily accepting the inhalers thinking that it is very costly and it will leads to addiction. Most of the children due to the ignorance and negligence of the Parents they are unable to diagnose bronchial asthma in the earliest period and to save the life from an acute asthma attack.

Due to misconceptions and erroneous assumption of facts parents are not readily accepting the inhalers thinking that it is very costly and it will leads to addiction.

Since the general population are always cannot able to seek medical advice all the time in due respect to their health condition. It is very important and helpful if the general population has the thorough knowledge about the home care management of bronchial asthma and basic remedies that has to be taken over and also to avoid the triggering factors in the home by their own. With the help of structured teaching programme like this we can able to impart the knowledge regarding asthma, its risk factors, how to prevent further complications and to manage by their own.

This study was undertaken to find out the effectiveness of structured teaching programme regarding knowledge on home management of bronchial asthma.

STATEMENT OF THE PROBLEM:

“Effectiveness of structured teaching programme to have knowledge of home management in bronchial asthma among selected population at keezh Seesamangalam, kancheepuram district.”

OBJECTIVES:

- to assess the knowledge of the selected population at Keezh seesamangalam about home management of bronchial asthma.
- to evaluate effectiveness of structured teaching programme to home management of bronchial asthma among selected population at Keezh seesamangalam.
- to explore the association between selected demographic variables with the knowledge score among the people residisng at keezh seesamangalam.

OPERATIONAL DEFINITION:

EFFECTIVENESS:-

It refers to a significance increase in the level of knowledge of the population after teaching programme regarding home management of bronchial asthma.

KNOWLEDGE:

It means the fact, skills and understanding that have gained through learning and experience.

STRUCTURED TEACHING PROGRAMME:

It refers to system of planned instruction designed to instruct and illustrate to acquire knowledge about home management of bronchial asthma.

HOME MANAGEMENT:

It refers to adopt providing honey, garlic cloves, figs, fenugreek seeds, ginger and turmeric.etc. This is available at home to prevent complications and severity of bronchial asthma

BRONCHIAL ASTHMA:

It refers to recurrent attacks of paroxysmal dyspnea with wheezing due to spasmodic contraction of the bronchi. It is usually either an allergic manifestation.

ASSUMPTION:

- Majority of people who are residing in village has lack of knowledge of home management of bronchial asthma.
- Assessing the level of knowledge of people, enable awareness of knowledge home management of bronchial asthma.

HYPOTHESIS:

H1 – there will be significant difference between the pre and post test knowledge scores regarding home management of bronchial asthma.

H2 – there will be significant association between post test knowledge scores with their demographic variables.

DELIMITATION

Samples were limited to 100 individuals.

The period of the study was limited to 6 weeks.

PROJECTED OUTCOME

The result may be effective for conducting structure teaching programme to have knowledge of home management in bronchial asthma.

CONCEPTUAL FRAMEWORK

This investigator adopted Imogene king's attainment theory (1981) based on personal and interpersonal systems including perception, action, interaction and transaction. The investigator adopted this basic theory for conceptual framework which is aimed to find out the effectiveness of structured teaching programme on people regarding home management of bronchial asthma .This involves interaction between the researcher and people. There are four major concepts.

PERCEPTION

It refers to people's representation of reality. It is not observable but it can be inferred. Hence the investigator perception is the need for teaching programme on home management of bronchial asthma among the selected population in panchayat union at keezh seesamangalam , kanchipuram district.

ACTION

It refers any changes that have to be achieved. The nurse educator has planned for structured teaching programme for home

management of bronchial asthma among the selected population to update their knowledge.

INTERACTION

It refers to the verbal and non verbal behavior between one individual and environment or between two or more individual who involve goal directed perception and communication. Here the investigator interacts with the people by giving pre test and planned structured teaching programme.

TRANSACTION

This is the achievement of a goal. In this stage the investigator reassesses the knowledge regarding home management of bronchial asthma people by conducting post test.

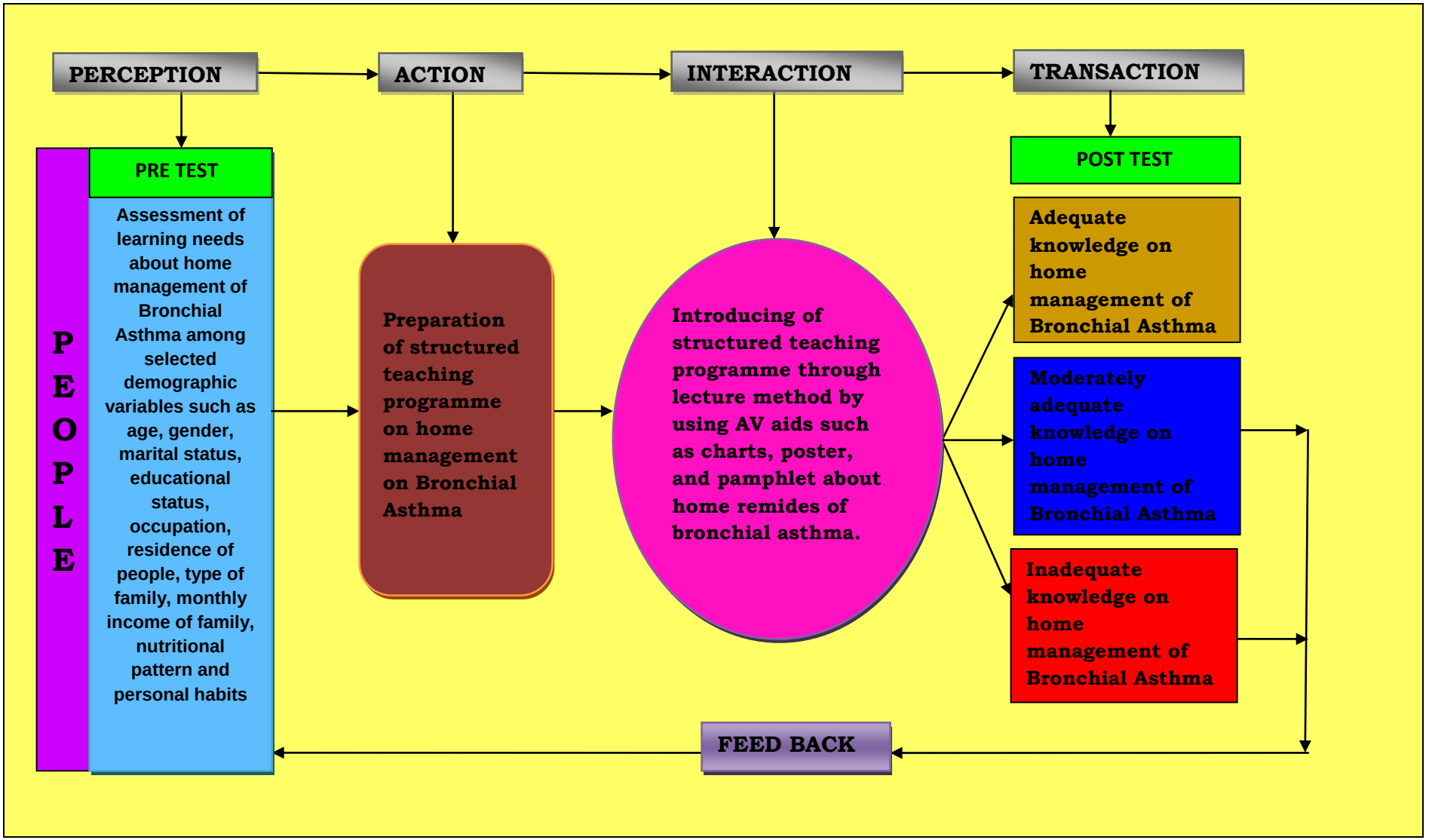
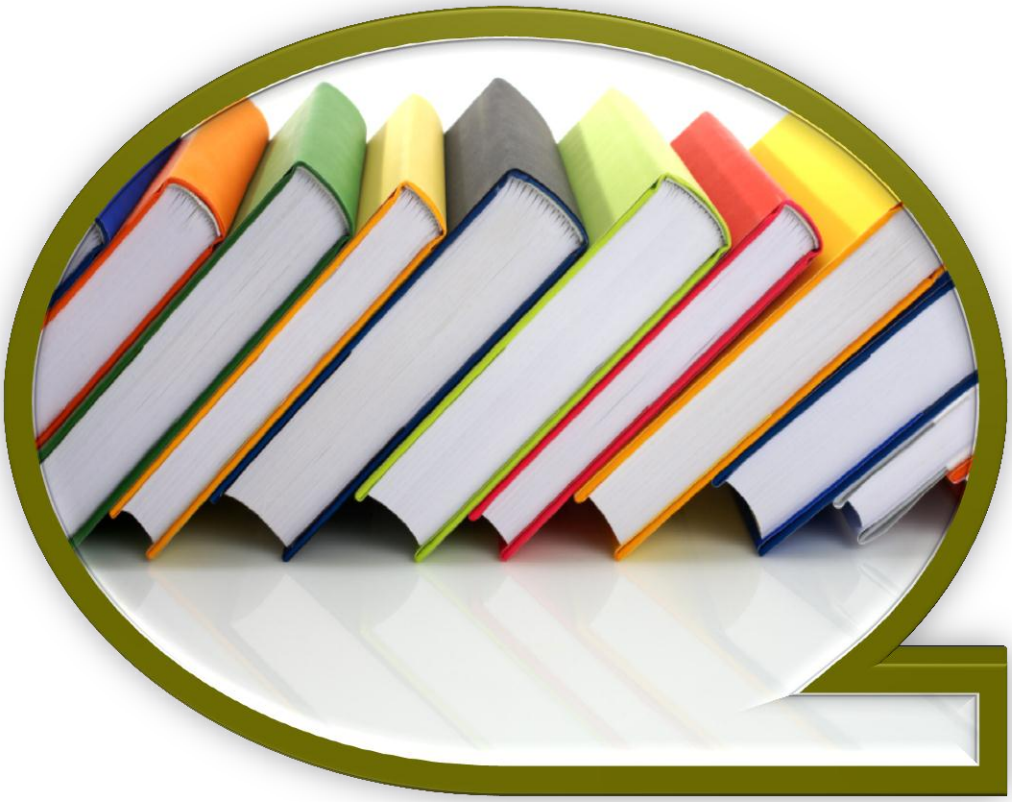


FIGURE 1.1 Modified Imogene Kings Goal Attainment Theory (2011)

CHAPTER-II



REVIEW OF LITERATURE

CHAPTER –II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. It helps the investigator to analyze what is known about the topic and to describe the methods of enquiry used in earlier work including the success and shortcomings. It gives the broad understanding of the problem.

"Researchers almost never conduct a study in an intellectual vacuum their studies are usually undertaken within the context of an existing basic knowledge**" (Polit and Hungler 1999)**

Review of literature is important for broadening the understanding and insight necessary for the development of a conceptual framework, which the problem fits and for the development of the tool.

The literature has been reviewed under the following headings:

Section A: Studies related to bronchial asthma and its prevalence

Section B: Studies related to causes of bronchial asthma.

Section C: Studies related to home management of bronchial asthma.

Section D: Studies related to awareness of asthma among people

SECTION: A STUDIES RELATED TO BRONCHIAL ASTHMA AND ITS PREVALENCE

BARREIRO E, (2011) in his study to assess the extent of application of guidelines for treating exacerbations of asthma and to describe the clinical and epidemiological characteristics of patients function and treatment variables during the emergency and when the patient was stable, at which time we also administered the Asthma Quality of Life Questionnaire (AQLQ). This score, along with social restriction, were lowest in the group of patients with chronic airflow obstruction.

VERMA SK (2011) conducted a comparative study on association between environmental allergens and bronchial asthma is well established. A great number of substances found in the environment can precipitate or aggravate respiratory symptoms in asthmatics. Almost all the patients started avoiding their triggers in follow-ups in the study group. In control group this change was only for few triggers. More and more patients started using inhalers on exposure to dust or triggering weather conditions. They started slowing down for exercises and diverted their attentions against triggering emotional situations

DUSSER.D (2010) conducted study on mild asthma includes intermittent and persistent mild asthma according to the global

initiative for asthma classification and affects between 50% and 75% of asthmatic patients. Mild asthma is more frequent, more symptomatic and is less controlled in children than in adults. Mild asthma can lead to severe exacerbation with a frequency ranging from 0.12 to 0.77. Severe exacerbations in mild asthma represent 30 – 40% of asthma exacerbation requiring emergency consultation.

FASCIGLIONE MP, (2010) conducted a study on bronchial asthma prevalence. The study attempted to determine the characteristics and the impact of educational interventions on asthma by means of the following: a) an updated review of the various educational b) the identification of aspects that are common to all of these interventions; and c) the analysis of the findings in the literature regarding the impact. The conclusion of this study suggests that educational interventions are effective in improving the health and quality of life of asthma patients, as well as in reducing the use and costs of health resources.

ABDELMONEIM (2009) in his prevalence of bronchial asthma at sea level (19.5%) was significantly higher than at high altitude (6.9%). Illiteracy, low income, use of coal and wood for heating, having a mud or tent house, lack of electricity inside dwellings and presence of sheep were also significant risk factors

for bronchial asthma. In multivariate logistic regression, only altitude was found to be significantly associated with bronchial asthma.

DAVID JOHNSON (2009) conducted a study on occurrence, clinical presentation, diagnosis, treatment and natural history cough variant asthma. Asthma is a common problem among all ages that frequency goes unrecognized pulmonary function as measured by spirometry is often within normal limits, any patient with a non productive nocturnal cough lasting more than two weeks, should receive an empire trial of bronchodilators, whereas for many patients, cough resolves without need for further treatment.

EHRLICH RI, (2009) conducted a cross-sectional study about local prevalence of bronchial asthma. The study based on random community sample of schools with 955 samples of parents. The findings of the study suggest that ways need to be found: (i) to increase the use of current asthma treatment guidelines by practitioners; (ii) to provide access to comprehensive care by children not on medical aid; and (iii) to improve education of parents in home management measures such as severity assessment and avoidance of smoking, allergen and dietary triggers.

UTELL MJ, (2009) in his study suggests that asthma prevalence and mortality have been rising over the last decade, after a steady decline in the 1970s. It is possible that changes in housing conditions have led to increased levels of dust mite and other proteins in homes with consequent increases in the prevalence of sensitization. The interaction between aeroallergens and air pollutants in triggering environmentally induced asthma is an area of active research.

BEHERA D. (2008) in his studies suggests that asthma continues to be a substantial cause of morbidity. A total of 523 bronchial asthma patients were enrolled in the study. Out of these, 260 patients were included in the study group to whom self-care manual was provided and 263 were included in the control group to whom no specific instructions were given. However, there was a significant decrease in hospital admissions and absence from school/or job in the study group at one year as compared to the control group.

BELLASIO (2008) suggested that bronchial asthma represents the most frequent chronic illness in the pediatric age. Although a number of guidelines for the diagnosis Treatment and prevention of disease exists some studies have shown that their application on a large scale is still lacking, in this leading to the

inadequate treatment of symptoms and the frequent use of emergency visits and hospitalization.

OLIVIERI D (2007) conducted a study on bronchial asthma. It is one of the most common chronic diseases in the world and can affect people of all ages. In the last few years there has been a considerable improvement in the etiopathogenetic knowledge of the disease and extremely effective anti-asthmatic drugs are available. The conclusion of this review was to highlight the importance of educational programs and those obscure areas which slow down their large scale application and universal acceptance

PATTEMORE PK (2007) in his studies estimates Maoris and pacific Islanders in New Zealand have a higher asthma mortality and hospital admission rates than Europeans. For "any current wheeze" for example, the prevalence in Maoris was 22.2% compared with 16.1% and 16.3% in the Europeans and Pacific Islanders. The prevalence of diagnosed asthma was similar in the three groups. These differences were not accounted for by differences in socioeconomic status, rates of smoking in the home, age, gender, or height. It is proposed that differences in management are important factors relevant to the increased mortality and morbidity from asthma in Polynesians.

SECTION B: STUDIES RELATED TO CAUSES OF BRONCHIAL ASTHMA.

LICCARDI G,(2010) in his studies widely avoidance of allergens such as those derived from foods, drugs, latex and stinging insects results in a complete disappearance of symptoms. Since the management of respiratory allergy is a complex strategy (including drugs, allergen avoidance, immunological and educational interventions), it is difficult in real life to distinguish the efficacy of a single intervention in comparison to the others. A combined strategy is likely to produce better clinical results.

MITCHELL E B, (2010) conducted a study on house dust mite sensitivity is very common in patients with bronchial asthma, yet dust mite avoidance frequently receives little attention in clinical management. Furthermore the survival of mites in cultures or infested carpet segments was markedly inhibited, with antigen P1 accumulation reduced by greater than 90%. These results suggest major reductions in house dust mite allergen levels in the home can be achieved.

DEMOLY P, (2009) conducted a study to find the many different forms of nebulizer treatment for asthma have been developed over the last few years, including several which have reached international consensus. Nevertheless, there are no

widely recognized recommendations concerning the role of nebulization in the treatment of asthma in adults. The conclusion of this discussion on nebulizer administration is to reduce the amount of systemic corticosteroid delivery and underline the need for quality research in this area.

GOTZSCHE P C, (2009) conducted a study to determine whether patients with asthma who are sensitive to mites benefit from measures designed to reduce their exposure to house dust mite antigen in the home. 23 studies were included in the meta-analysis; 6 studies used chemical methods to reduce exposure to mites, 13 used physical methods, and 4 used a combination. The study concluded that the Current chemical and physical methods aimed at reducing exposure to allergens from house dust mites seem to be ineffective and cannot be recommended as prophylactic treatment for asthma patients sensitive to mites.

GUPTA D,(2009) in his studies to describe the prevalence of asthma and its association with environmental tobacco smoke (ETS) in Chandigarh with 9090 samples. More students with asthma had either parents or other family members smoking at home as compared to no asthmatics (41% vs. 28%, $p<0.0001$). The odds ratio for being asthmatic for patients exposed to environmental tobacco smoke compared to those not exposed to

environmental tobacco smoke was 1.78 (95% confidence interval 1.33-2.31). Environmental tobacco smoke was also positively associated with prevalence of all the respiratory symptoms, with odds ratios varying between 1.6 and 2.25.

PETERSON (2009) in his studies Asthma is a chronic respiratory disease characterized by smooth-muscle constriction of the airway, bronchial hyper responsiveness, and an ongoing inflammatory process. Asthma-education programs based on patient self-management have been shown to decrease asthma morbidity. Care providers who teach patients about common symptom triggers and encourage avoidance techniques, who employ current strategies to enhance patients' medication use and patients' recognition of exacerbations, and who incorporate up-to-date treatment plans for acute asthma attacks may help reverse distressing trends in asthma morbidity and mortality.

RAJKUMAR, (2008) conducted a comparative study on the efficacy of market available spacer (with valve) and homemade spacer (without valve)--Bislery bottle. The study concluded that the Bislery bottle (without valve) is very cheap compared to market-available spacer and is equally effective which, therefore, can be substituted in bronchial asthma patients.

YAMAHA M (2008) conducted a study on bronchial asthma. Rhinovirus cause majority of common colds, which often provokes wheezing in patients with asthma .The precise mechanism responsible for the Rhinovirus infection induced exacerbations of bronchial asthma are still uncertain. Several reports reveal airway hyper responsiveness, increases in chemical mediators in airway secretions such as kinin and histamine, and airway inflammation in patients with bronchial asthma after Rhinovirus infection. It induces an accumulation of inflammatory cells in airway mucousa and submucousa including neutrophils, lymphocytes and eosinophils.

KASPERCZYK J (2007) conducted a study on influence of gas and dust air pollutants on development of asthma in children. The research included 5945 children of 10-11 years from 86 primary schools. The factor evaluated was the influence of exposure to air pollution on asthma induction. The analysis proved that long term exposure to sulphur dioxide caused an increasednumber of cases of children's asthma.(correlation $r=0.95$ with $p<0.05$).

MASTRELLI.P (2007) said that role of house dust mites in asthma. In mild to moderate HDM sensitive asthmatics were selected drug treatments to keep into two groups. This long term study showed that exposure to lower levels of mite allergens in the

bedrooms is associated is sensitized asthmatic subjects under optimal drug treatment

SZCZEKLIK A, **(2007)** did a study on autoimmune status in asthmatic clients with 185 samples. The conclusion of this study suggests that the assessment of autoimmunity may help in better characterizing patients with asthma and understanding various symptoms of the disease. Any causal relationship between asthma and autoimmunity remains to be established.

ANDERSON, (2005) conducted a study of risk factors 8806 people estimated at age seven, eleven and sixteen years data on asthma were analyzed to describe the natural history in childhood and its risk factors. Factors found to predict the subsequent onset of wheezy bronchitis included male sex at the child, mother's age at time of birth, pneumonia, allergic rhinitis, eczema and periodic abdominal pain.

SECTION C: STUDIES RELATED TO HOME MANAGEMENT OF BRONCHIAL ASTHMA.

ALVES R, (2010) in the studies animal-based remedies constitutes an integral part of brazilian traditional medicine and 34 sources were analyzed. the review revealed that at least 250 animal species (178 vertebrates and 72 invertebrates) are used for medicinal purposes in northeast of brazil. The number

of medicinal species expressive and demonstrate the importance of zootherapy as alternative therapeutic in northeast of brazil including a full inventory of the animal species used for medicinal purposes and the socio-cultural context associated with their consumption.

FUJITA H, (2011) conducted a study on alternative therapies of bronchial asthma. In this study recently, they use of ortho-phthalaldehyde(OPA) has been increasing as an alternative to glutaraldehyde(GA)for endoscope disinfection.. After performing health examinations and work environment measurements, we took preventative measures against development of these diseases. This study clearly revealed that despite a very low level of ortho-phthalaldehyde in air, symptoms of skin and the respiratory tract can occur. Spreading use of ortho-phthalaldehyde as a substitute for glutaraldehyde may result in serious health risks for people.

HERR.M.et.al, (2011) conducted study on epidemiology of allergic respiratory disorders in adult. Environmental control is one of the major goals of asthma management. Noise, dust environmental control the reduction of other induced environmental allergen triggers such as animal danger, cockroaches and mold spores, are important for individual with asthma, patient who have

sensitive to the allergies they produce should receive advice on control reduction measures to prevent asthma symptoms.

DOUMA WR, (2010) in his study provides guidelines for asthma management advocate home peak expiratory flow (PEF) monitoring. Since current guidelines on asthma management recommend only bronchodilators on demand, the most useful peak expiratory flow index for reflecting bronchial hyper responsiveness longitudinally is mean within- The use of corrections of peak expiratory flows for the nonlinearity of mini-Wright peak expiratory flow meters does not improve the correlation between peak expiratory flow and bronchial hyper responsiveness.

KALUS U, (2010) conducted a study on management of bronchial asthma. Nigella sativa (black seed) is an important medicinal herb. In many Arabian, Asian and African countries, black seed oil is used as a natural remedy for a wide range of diseases, including various allergies with 152 samples. The patients scored the subjective severity of target symptoms using a predefined scale. The conclusion of this study suggests that black seed oil therefore proved to be an effective adjuvant for the treatment of allergic diseases.

KUNWAR RM,(2008) in the studiesplant species have long been used as principal ingredients of traditional medicine with the

ayurveda and the phytochemical findings.and they conducted the field study for primary data collection home herbal remedy, and the baidhya, ayurveda and amchi systems and 48 nepalese medicinal plants assessed consistent with common ayurvedic and earlier uses.

KETCHELL R I, **(2010) said** that inhaled short-acting beta2-agonists provide greater protection against airway responsiveness (AR) to the mast-cell stimulus, adenosine 5'-monophosphate (AMP), than to histamine, a direct spasmogen. Both terbutaline and albuterol exhibit this mast-cell stabilizing property in a dose-dependent manner. The results of this study indirectly demonstrated an in vivo dose-dependent mast-cell stabilizing effect of formoterol, in addition to functional antagonism on airway smooth muscle. This property of beta2-agonists may have clinical benefits in asthma management.

LI XM,(2008) in this studies allergic disorders represent a serious public health problem in children and focuses on traditional chinese medicine (tcm) herbal products and acupuncture for treating pediatric allergies.recent studies indicate that tcm therapy including herbal medicines and acupuncture for allergic disorders in children is well tolerated. There are also promising clinical and

objective improvements. More controlled clinical studies are encouraged.

LI HY, (2007) this study aims to gain chinese herbal drugs was utilized in order to investigate and select research that was published on "chinese herbal drugs" and the search results were 4790 versus 2609 citations and approximately 40,000 versus 20,000 mesh terms, respectively. The appearance frequency of mesh showed that most research focused on pharmacology, therapeutic application, phytotherapy, side-effects of chinese herbal drugs, and identification of active chemical components in herbs.

SHIRAI T, **(2010)**, conducted a study on allergen avoidance has been recommended in the management of allergic asthma. Very few studies have assessed the effect of pet removal on pet allergic asthma. Finally, no patient received inhaled corticosteroids in the removal group, whereas all but one of the patients needed beclomethasone dipropionate (mean dose, 600 mug/d) in the keeping group. This study indicates that removal of pets from homes reduces airway responsiveness in patients with pet allergic asthma more than optimal pharmacotherapy alone, thereby enabling a decrease in inhaled corticosteroid doses.

TARLO SM, (2009) in the studies occupational factors have been estimated to contribute to approximately 10% of adult-onset asthma and occupational asthma (oa) is one of the most common occupational lung diseases in industrialized areas. Persistent asthma frequently occurs with significant socio-economic impacts and using pub med key term.In an occupational potentially preventable. Sufficient studies have demonstrated the rationale and benefit of primary preventive strategies. Medical health surveillance programs combined with occupational hygiene measures and worker education

VALDEZ RAMÍREZ MA, **(2010)** conducted a study on global initiative for asthma (GINA) is a collaborative effort to disseminate updated guidelines about the diagnosis and management of patients that suffer from asthma. Implementation of these guidelines by the primary care practitioners reduces the morbidity of these patients. The correlation between perceived and actual usefulness was of -0.005 ($p > 0.05$) for the absolute score change and 0.025 ($p>0.05$) for the percentage change.

WILLIAMS AN, **(2010)** in his study to perceive the historical aspirin- or no steroidal anti-inflammatory drug (NSAID)-induced reactions might provide predictive information about the severity of reactions in patients with aspirin-exacerbated respiratory disease

(AERD) undergoing oral aspirin challenge (OAC). During oral aspirin challenge in these 147 subjects, 23 (16%) had a 20% to 29% decrease and 14 (10%) had a 30% or greater decrease in feak expiratory values from baseline. Of the 46 patients previously hospitalized for aspirin/NSAID-induced asthma attacks, 9 (20%) had a 20% to 29% decrease and 6 (13%) had a 30% or greater decrease in feak expiratory during oral aspirin challenge.

WOOLCOCK AJ, **(2010)** conducted a study about the treatment of bronchial asthma. The aim of this study was to determine if prophylactic therapy leads to a reduction in the severity of bronchial hyper responsiveness (BHR) in subjects with severe asthma. Measurements of bronchial responsiveness to histamine were made in two groups of thirteen subjects for periods up to 2 years. It is concluded reduction in severity appears to require the long-term use of medications'

BOOKER.R (2009) conducted a study on breathing is a fundamental life process that usually without conscious thought and for the healthy person is taken for granted. It involves the coordinator action of inspiratory and expiratory muscles.The passage of air from the atmosphere through the upper and lower respiratory tract. The exchange oxygen and carbon dioxide across atmosphere.

BRYGGE T,(2009) suggested in his studies about alternative or adjunctive therapies of bronchial asthma with 40 samples. One such modality is reflexology, whereby finger pressure is applied to certain parts of the body. The study concluded that there is no evidence was found that reflexology has a specific effect on asthma beyond placebo influence.

DAL NEGRO RW, (2009) conducted a randomized, double-blind, cross-over design: Twelve subjects with moderate-persistent asthma, symptomatic despite the regular home treatment with Fluticasone. 250mg for over 6 weeks were initially treated with combined methyl or fluticasone 50/250mg for 6 weeks. The conclusion of the study was both in terms of lung function and of clinical outcomes the efficacy of methyl and fluticasone administration proved completely independent of the particular sequence for their separate inhalation to be needed for bronchial asthmatic clients.

MENEZES M B, (2009) conducted a study on drug effective of long-acting beta (2)-agonist to inhaled corticosteroids (ICS) for asthma treatment. In this double-blind, randomized, parallel group study, asthmatics with moderate to severe disease used budesonide (400 mcg/day) for 5 weeks (run-in period); then they were randomized to use budesonide (800 mcg/day--BUD group)

for 9 weeks. This study showed that adding formoterol to budesonide improved home PEF and provided protection from exacerbations, although increase of leukocyte viability in cell culture may be a matter of concern and needs further investigation.

CHONABAYASHI N, (2007) studied the need for mechanical ventilation in 265 patients with respiratory failure who came to our medical ICU over the past 3 years. Moreover, the prognosis for patients with chronic respiratory failure can be improved with a long-term program for respiratory care that includes home mechanical ventilation and home oxygen therapy.

ZEITZ HJ, **(2007)** reported in his study about the treatment of bronchial asthma. A variety of medications, including bronchodilators and corticosteroids, can be used to treat the bronchial symptoms. The results of current research are expected to lead to better understanding followed by further improvements in treatment for patients with Smatter's syndrome.

COLLIPP PJ, **(2006)** conducted a study on role of pyridoxine in treating bronchial asthma with 76 samples followed for 5 months.. The data suggest that these children with severe bronchial asthma had a metabolic block in tryptophan metabolism,

which was benefitted by long-term treatment with large doses of pyridoxine.

JONES DP,(2006) in his studies Seven patients with bronchial asthma requiring continuous medication were subjected to eight weeks of nocturnal exposure to negatively ionized air, and their progress was followed using objective tests of lung function and clinical assessment. From the results of the study concluded that, although this treatment may lead to an improvement in some patients with asthma, further objective studies are required to determine the value of negatively ionized air in the routine management of asthma.

SECTION D: STUDIES RELATED TO AWARENESS ASTHMA AMONG PEOPLE

KAMPS.A.W (2011) conducted the study of asthma recording the prop was explore relationship among variable in the acceptance of asthma module this study was conduct with a cross section design, theory testing design with an sample of 94 people age 12 – 18 years.The result of the study rather than the knowledge of asthma with health education. So this study implies facilitate acceptances on health education.

AL-GELBAN KS, (2010) conducted a study on knowledge among mothers.Asthma Survey to study their knowledge and

behaviors concerning bronchial asthma. The least known information among mothers was the complications of bronchial asthma. More education is needed to help the mothers of asthmatic children to acquire the necessary knowledge and practices to care for their children.

JOYCE DP, **(2010)** in the study to determine asthma patients' patterns of disease and knowledge of asthma. This may results in 456 patients (55%) reported daily symptoms of asthma; 431 patients (52%) used inhaled beta 2-agonists daily. Only 340 patients (41%) used inhaled corticosteroids (IC), and many used them irregularly. A total of 579 (72%) respondents reported no unscheduled visits to a family physician for worsening asthma As to knowledge, 406 patients (49%) disagreed with the statement that asthma is a lifelong condition that cannot be cured. 240 (29%) reported being current cigarette smokers, and 381 (46%) reported having pets at home.

KORCZAK D, **(2010)** in his study sustainable rehabilitation of chronic obstructive pulmonary disease (COPD) and the bronchial asthma are widespread diseases. The studies cover rehabilitation programmes in 19 countries. Overall out-patient rehabilitation programmes achieve the same positive effects for chronic obstructive pulmonary disease patients as in-patient programmes

do. This is especially true for physical performance and health related quality of life. There are only a few studies dealing with asthma. Therefore, valid statements cannot be given. The results for cost-effectiveness are not distinct enough.

SAUDI MED J, (2010) in his study is to determine the morbidity pattern among Saudi adolescents in Riyadh city and do the a cross sectional survey comprising 1473 (852 males (58%) and 621 females (42%)) Saudi adolescents aged 11 to 21 years old, visiting 10 primary health care centers, selected randomly in Riyadh city, who were invited to complete a 23 item questionnaire. Establishment of health education programs about self-treatment of upper respiratory tract infections (the most common complaint) at home would result in a decrease of the load on the health system.

TSCHOPP JM, (2009) in this studies Asthma is a chronic disease generating very high costs even for Switzerland. The conclusion of this study suggests that the self-management education (SME) is effective and recommended as an integral part of management in the most recent guidelines on asthma treatment.

ALNASIR FA, (2008) in his studies to assess the school teacher could be a useful source of health information for students but that they themselves would have to possess adequate and accurate knowledge of health issues. The schoolteachers scored only around 50% on average for knowledge about common health problems which indicates a need to educate schoolteachers about health in order to improve their knowledge and their capability to disseminate health knowledge and information to students.

ROVITHIS E,(2008) in his study to assess the level of knowledge for bronchial asthma of the primary healthcare physicians in a rural population. 21 primary health care physicians, randomly selected from a list of 14 Health Care Centers Nine of the 21 physicians were fully qualified general practitioners, while the remainder were non-specialized (NSs).A questionnaire of 20 items based on current bronchial asthma clinical guidelines was used. The mean total score after the course was significantly higher for the non-specialized physicians in comparison to that of the general practitioners

WANDA PHIPATANAKUL (2007) conducted a study on effects of educational interventions for self management of asthma in children and adolescents. Thirty-two of 45 identified trials were eligible, with a total of 37006 patients 2 to 18 years of age.

Education regarding asthma was associated with improvements in lung function, self-efficacy, and reductions in absenteeism from school, number of days of restricted activity, and number of visits to an emergency department. Education was also associated with a reduced number of nights disturbed by asthma.

CHAPTER-III

METHODOLOGY

CHAPTER - III

METHODOLOGY

This chapter deals with the methodology adapted for the study and includes the description of research design, setting, population and sample size, sampling technique, criteria for sample selection, instruments for data collection and data collection.

RESEARCH APPROACH:

In this study a quantitative evaluate approach is used to assess the effectiveness of structured teaching programe on knowledge of home management in bronchial asthma.

RESEARCH DESIGN:

Quasi experimental design where Pre experimental design in which one group pre test post test design approach is used to assess the effectiveness of structured teaching programme.

SETTING OF THE STUDY:

The study is conducted at Keezh seesamangalam village, kanchipuram district.

POPULATION:

People aging 18 years and above who are residing at keezh seesamagalam village,kanchipuram district.

SAMPLE SIZE:

Total numbers of 100 samples were selected in the population at Keezh seesamangalam.

SAMPLING TECHNIQUE:

Convenient sampling technique was used.

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

- Age above 18 years.
- The study including both men and women.
- People who were willing to participate in the study.
- People who are residing at Keezh seesamangalam.

Exclusion criteria:

- Person with age below 18 years.
- Client did not know Tamil or English language.
- People who did not co- operate

INSTRUMENT FOR DATA COLLECTION:

The scholar constructed the Instrument based on the objectives of the study through literature review and expert's guidance .The data collection is derived the following heading like demographic variable, questionnaire method.

PART: I

This section consists of information about demographic variables such as age, gender, marital status, education status, occupation, resistance of people, type of family, monthly income of the family, nutritional pattern, personal habits.

PART: II

This section deals with questionnaire for assessment of knowledge regarding of bronchial asthma. It consists of 30 multiple choice questions related to knowledge of home management of bronchial asthma. Each correct answer would be given the score of one and the wrong answer would be given the score of zero. The total possible score would be 30.

DATA COLLECTION:

The study was conducted in panchayat union keezh seesamangalam village, kancheepuram district. The data was collected for a period of six weeks by using the prepared tools. The tools had been developed based on the study and through review of literature**.**

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with statistical analysis. Statistical analysis is a method of rendering quantitative information meaningful and intelligent manner. Statistical procedure enables the researcher to analyze, organize, evaluate, interpret and communicate numerical information meaningfully. The data collected from the students were tabulated, analyses and interpreted under following headings.

DESCRIPTION OF THE TOOL

It consists of part-I and part-II

PART I

It consists of demographic variables of people such as age, gender, marital status, educational status, occupation, residence of people, type of the family, monthly income of the family, nutritional pattern, personal habits.

PART II

The data was collected through the well prepared multiple choice questionnaire. It consists of 30 questions and total score was 30. Each correct response was given a score of one and the wrong answer will be given the score of zero. It assess the knowledge of home management in bronchial asthma among the people.

SCORING PROCEDURE:

In structured interview schedule, each question has one best answer with other 2 responses. For best answer a score of 1was given and wrong answer 0 was given. The maximum score of structured interview schedule was 30 the percentage is calculated by using the formula as follows.

$$\text{Score interpretation} = \frac{\text{Obtain score}}{\text{Total Score}} \times 100$$

Based on information data were classified as follows.

≤50% - Inadequate knowledge on home management of bronchial asthma

51-75% - Moderately adequate knowledge on home management of bronchial asthma

>75% - Adequate knowledge on home management of bronchial asthma

REPORT OF PILOT STUDY

The pilot study was conducted to assess the reliability, practicability consent value and feasibility of the tool. The study was conducted among the people residing at selavattam village, at kanchipuram district. Ten people who met inclusion criteria had been selected by convenient sampling technique. The level of knowledge regarding home management of bronchial asthma was assessed with the structured questionnaires the structured teaching programme was given to enhance the level of knowledge of people with the help of educational model of charts and posture through lecture cum discussion method. After 7 days post test was conducted and structured teaching programme was given to the people. The result of the pilot study showed that there was a positive correlation between the levels of knowledge regarding knowledge of home management of bronchial asthma among people.

VALIDITY

The tool was prepared by the investigator based on literature review, under the guidance of experts and on the basis of objectives, which had been assessed and evaluated, accepted by experts of research committee. The content validity of the tool was obtained from research experts from the medical surgical nursing.

RELIABILITY:

The reliability was checked by interaction method .The reliability was 0.74 after the structured teaching programme paired‘t’ test has used to assess the effectiveness of structured teaching programme.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. Permission was obtained from the president of the keezhu seezamangalam village**,** kancheepuram district. The oral consent from the people was obtained before starting the data collection. Assurance was given that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The main study was conducted for six weeks among the people who were residing at keezhu seezamangalam village, kancheepuram district, and who met the inclusion criteria had been selected by using the convenient sampling technique method.

PLAN FOR DATA ANALYSIS:

The data had been organized, tabulated and analyzed by using descriptive statistics.

Mean standard deviation and paired “t” test was carried out to assess the effectiveness of structured teaching programme.

Chi-square test was used for the association of demographic variables with level of knowledge regarding home management of bronchial asthma among the people.

STATISTICAL METHOD:

Table:4.1 Descriptive statistical analysis and inferential statistical analysis methods was used to find out the percentage, mean, standard deviation, Paired ‘t’ test and chi square.

S.NO	DATA ANALYSIS	METHODS	REMARKS
1.	**Descriptive analysis**	**The total number of score, percentage of score, mean and standard deviation.**	**To describe demographic variables to have knowledge of home management in bronchial asthma among the people.**
2.	**Inferential analysis**	**Paired ‘ t ’ test**	**Analyzing the effectiveness between pretest and post test**
3.	**Inferential analysis**	**Chi square**	**Analyzing the association between selected demographic variables and to have knowledge in home management of bronchial asthma among the people.**

DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE UNDER THE FOLLOWING HEADINGS

SECTION –A

Frequency and percentage distribution of demographic variables of people knowledge of bronchial asthma.

SECTION – B

Comparison between pre test and post test scores of level of knowledge regarding knowledge of bronchial asthma among the people.

SECTION – C

Association between the demographic variables in relations to level of knowledge regarding knowledge of bronchial asthma among the people.

SECTION – D

Mean and standard deviation improvement score for home management of bronchial asthma.

SECTION – E

Analyzing association between demographic variables and to have knowledge of home management in bronchial asthma.

SECTION –A

TABLE 4.2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF PEOPLE ABOUT HOME MANAGEMENT IN BRONCHIAL ASTHMA

No = 100

S.NO	DEMOGRAPHIC VARIABLES	NUMBER	PERCENTAGE %
1.	Age in years		
	a) 18-31years	37	37
	b) 32- 45years	39	39
	c) Above 45 years	24	24
2.	Gender		
	a) Male	53	53
	b) Female	47	47
3.	Marital status		
	a) Married	71	71
	b) Unmarried	29	29
4.	Educational status		
	a) Illiterate	24	24
	b) Primary education	18	18
	c) Secondary education	36	36
	d) Collegiate	22	22

5.	Occupation		
	a) Agriculture	31	31
	b) Professional	36	36
	c) Businessman	9	9
	d) Daily wages	24	24
6.	Resentence of people		
	a) Rural	89	89
	b) Urban	11	11
7.	type of family		
	a) Nuclear family	46	46
	b) Joint family	54	54
8.	Monthly income of the family		
	a) Up to Rs.3000	13	13
	b) Rs.3001 to Rs.5000	34	34
	c) Above Rs.5000	53	53
9.	**Nutritional pattern**		
	a) Vegetarian	18	18
	b) Non vegetarian	82	82
10.	**Personal habits**		
	a) Tobacco chewing	16	16
	b) Smoking	14	14
	c) Alcoholism	27	27
	d) None	43	43

Table 4.2 depicts the frequency and percentage distribution of the personal factors of demographic variables includes people such as age, gender, marital status, educational status,

occupation, residence of people, type of the family , monthly income of the family, nutritional pattern , personal habits any class of bronchial asthma. Out of 100 people, 37(37%) were aged between 18-31 years, 39 (39%) were in 32-45 years,24(24%) were in above 45 year.Regarding gender, 53(53%) male, 47(47%) female. With regard to the marital status of the people 71(71%) married, 29(29%) unmarried .Regarding education status of the people 24(24%) were illiterate, 18 (18%) were primary education, 36(36%) had secondary education and 22(22%) had collegiate. Regarding occupational status agriculture 31(31%), professional 36(36%), business man 9(95), daily wages 24(24%).residence of people in rural areas 89(89%), in urban areas 11(11%). Types of family reveals that 46 (46%) were nuclear family, 54(54%) were joint family. Concerning with the monthly income of the family, 13(13%) were up to Rs3000, 34(34%) were Rs.3001-.Rs5000, 53(53%) , and 53(53%)were above Rs5000. Regarding nutritional status 18(18%) were they followed vegetarian, 82(82%) were in non vegetarian .Regarding personal habits 16 (16%) were tobacco chewing, 14(14%) are smoking, 27(27%),are alcoholism , 43(43%) are none.

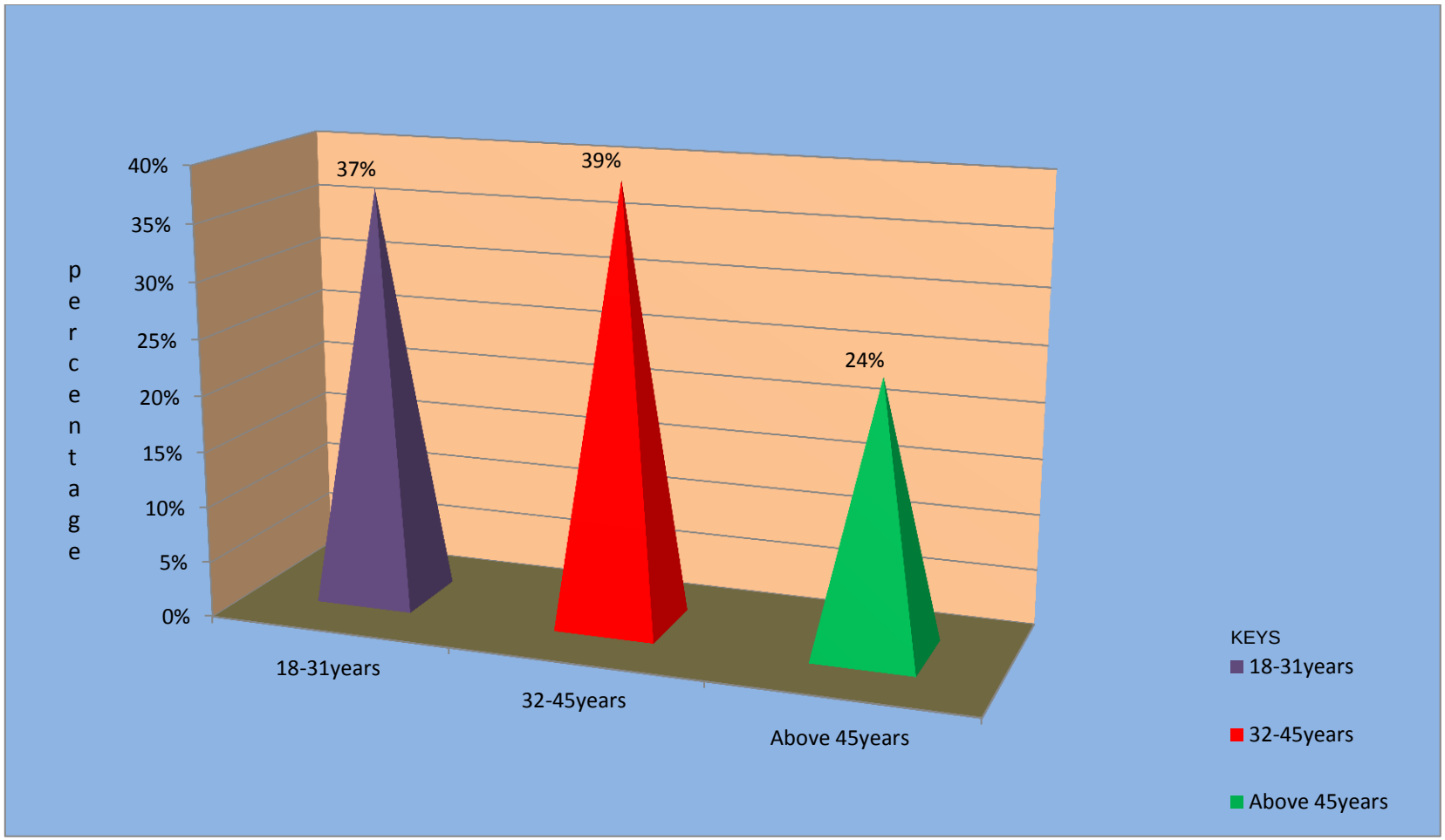


FIG.4.1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON AGE

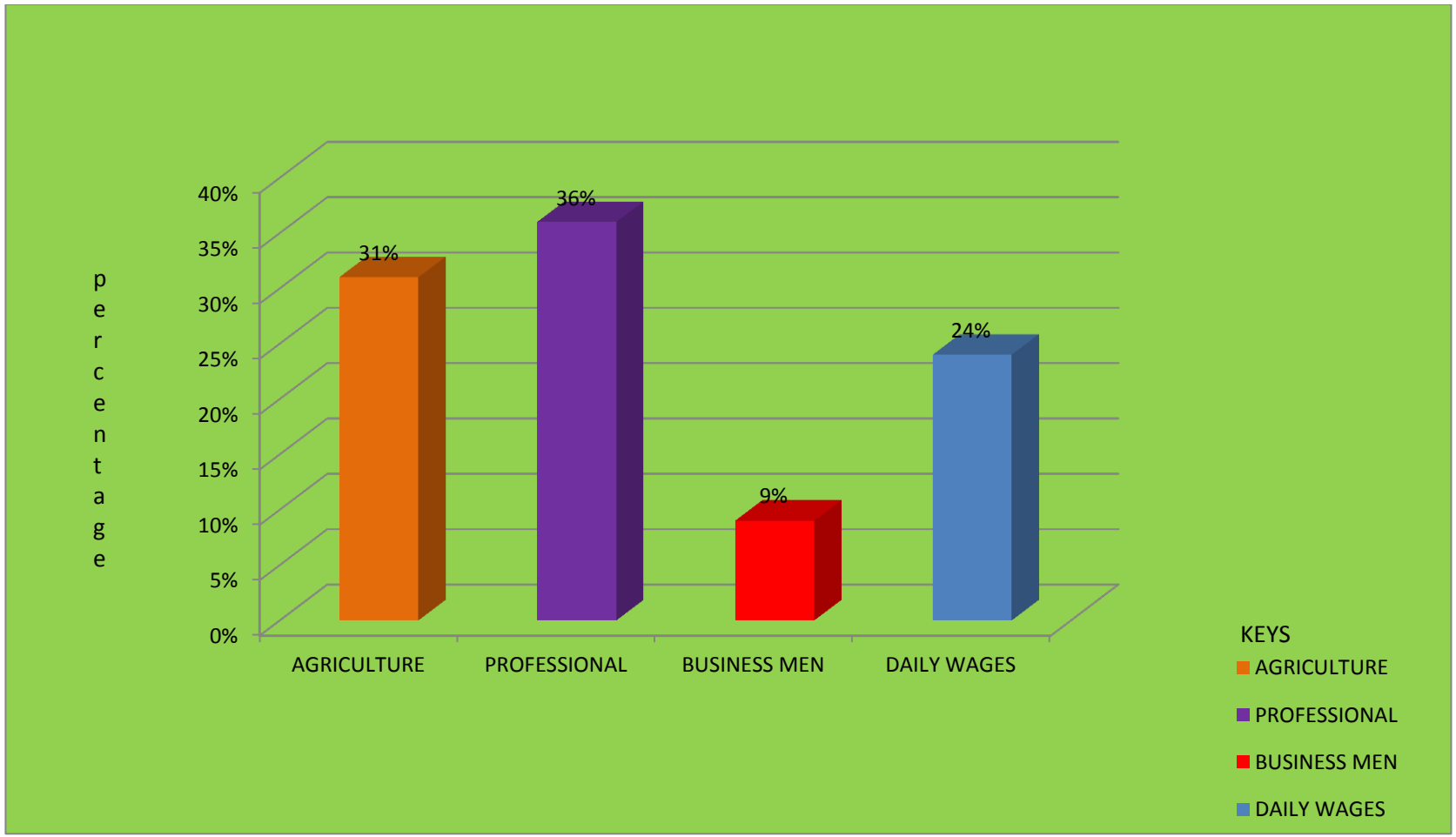


FIG.4.2. PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON OCCUPATION

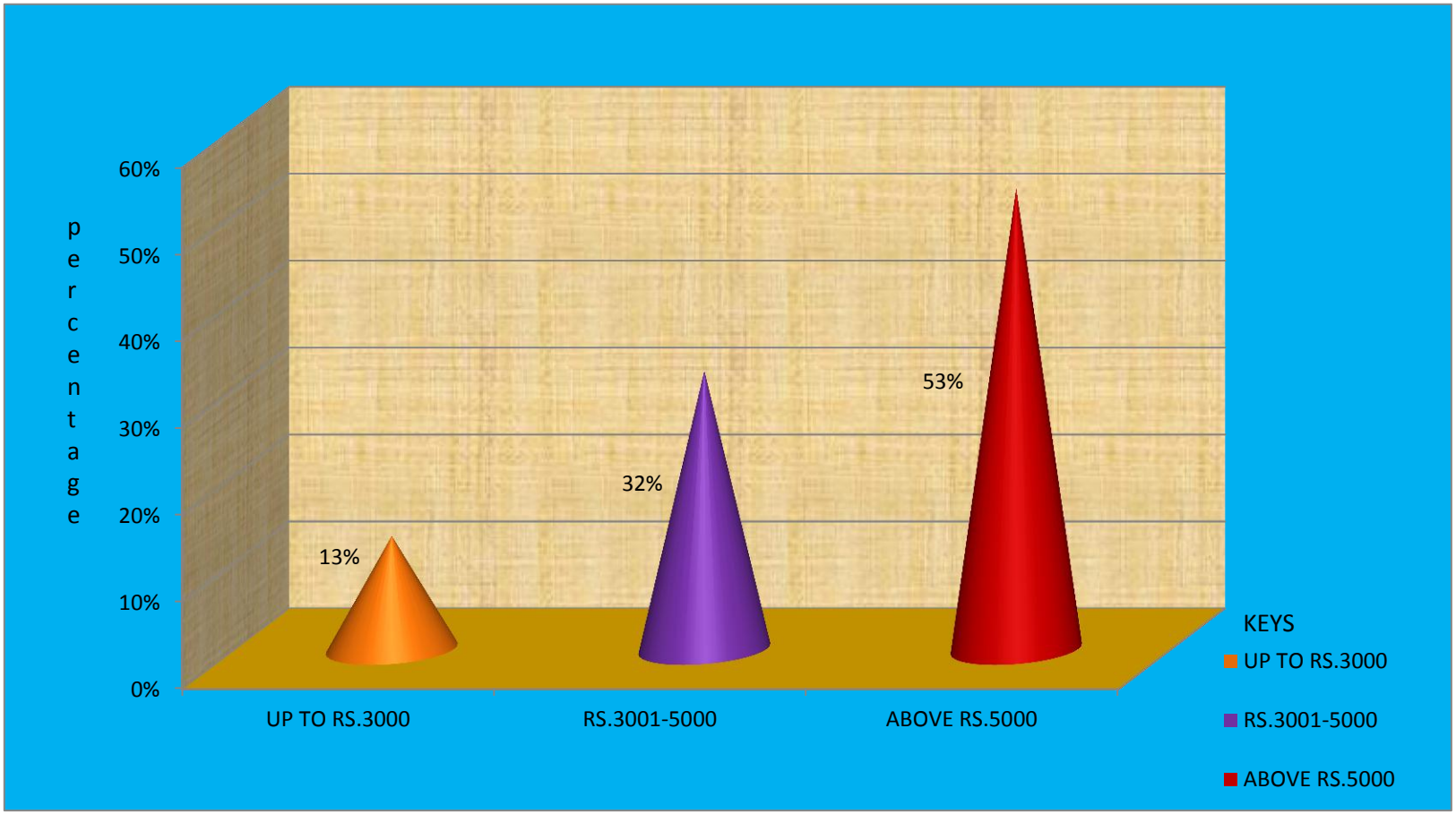


FIG.4.4 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON MONTHLY INCOME OF FAMILY

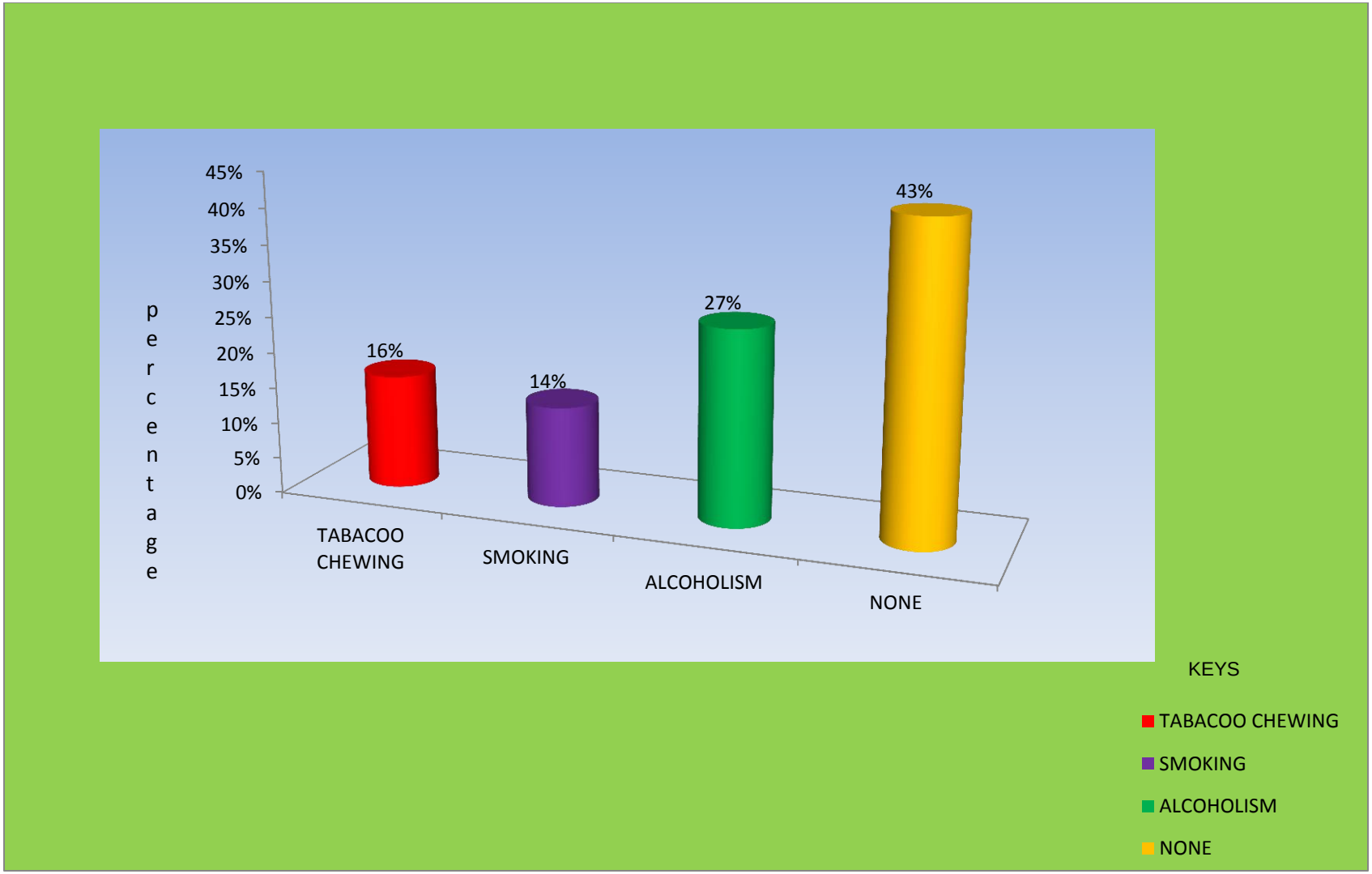


FIG.4.5. PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON PERSONAL HABITS

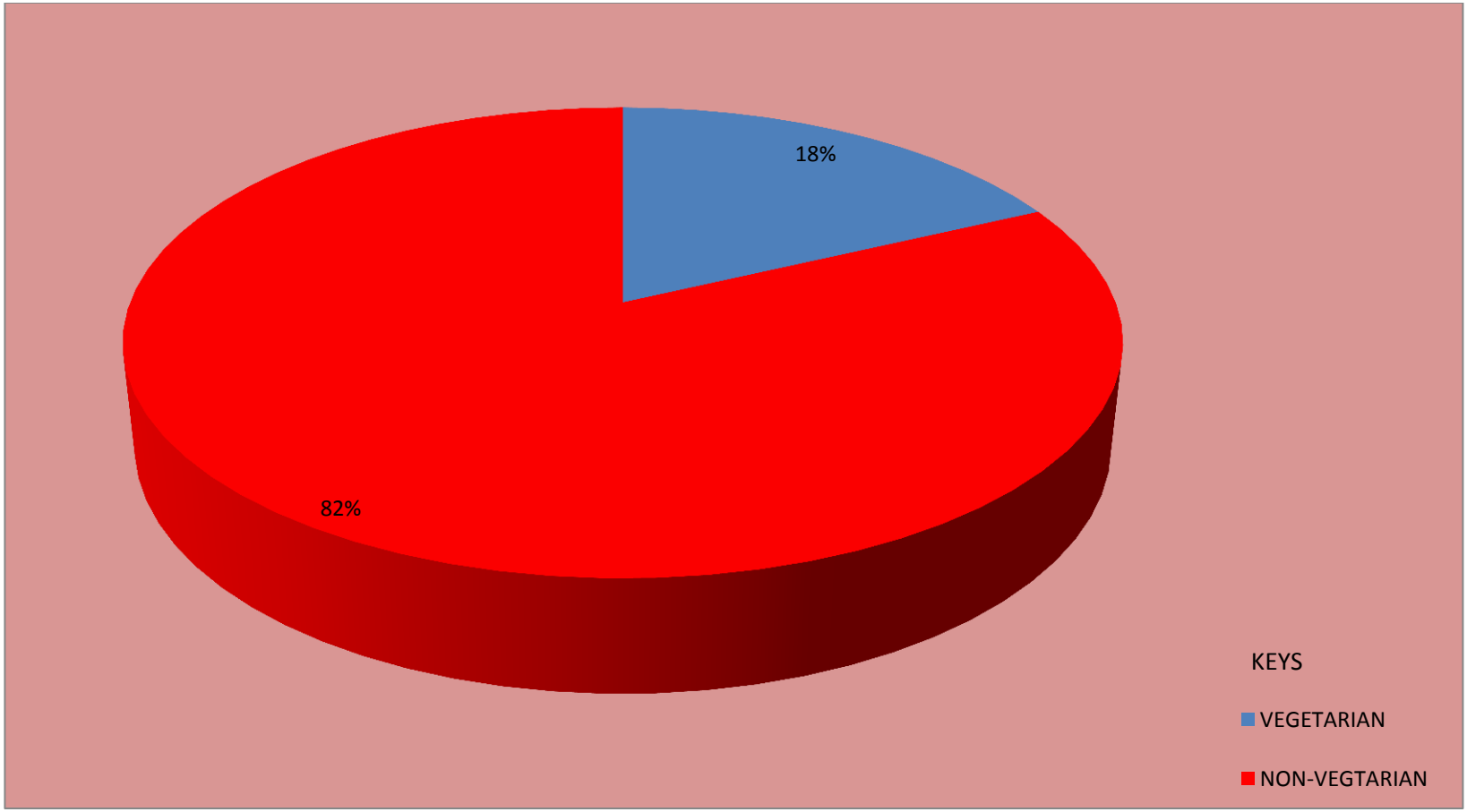


FIG.4.6. PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON NUTRITIONAL PATTERN

SECTION – B

TABLE – 4.3: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE AMONG PEOPLE REGARDING TO HAVE KNOWLEDGE OF HOME MANAGEMENT IN BRONCHIAL ASTHMA ON PRE TEST AND POST TEST. N=100

LEVEL OF KNOWLEDGE	ADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		INADEQUATE KNOWLEDGE		TOTAL	
	No	%	No	%	No	%	No	%
Pre test	0	0	24	24	76	76	100	100
Post test	69	69	31	31	0	0	100	100

Table 4.3 shows that the knowledge regarding home management in bronchial asthma through the pre tests and post test based on questionnaire method. On the pre test day among 100 people 24 (24%) were moderately adequate knowledge, 76(76%) people had inadequate knowledge. In the post test day majority of the people 69(69%) had adequate knowledge, there (31%) people had moderately adequate knowledge and none of them was in inadequate knowledge.

SECTION – C

TABLE – 4.4: COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRE TEST AND POST TEST OF EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF PEOPLE.

N=100

S.NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	CONFIDENCE INTERVAL
1	PRE TEST	13.41	3.1143	14.020-12.799
2.	POST TEST	24.08	2.7695	24.622-23.537

Table 4.4 shows that the overall mean of knowledge regarding home management of bronchial asthma among people 13.41 with the standard of 3.1143 in pre test and the overall mean of knowledge regarding home management of bronchial asthma post test 24.08with the standard deviation of 2.7695

SECTION – D

TABLE – 4.5: MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE FOR HOME MANAGEMENT OF BRONCHIAL ASTHMA THE PEOPLE.

N=100

S.NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	't' VALUE	CONFIDENCE INTRERVAL
1.	Improvement	10.67	3.37	31.721	11.34-10.00

P < 0.05

Table 4.5 reveals that the mean and standard deviation of improvement score for effectiveness of home management of bronchial asthma among people. The improvement score of mean value was 10.67 with the standard deviation of 3.37 and the 't' test value was 31.721 which were statistically significant. It implies that the structure teaching programme was effective and showed improvement in knowledge level of people about home management of bronchial asthma.

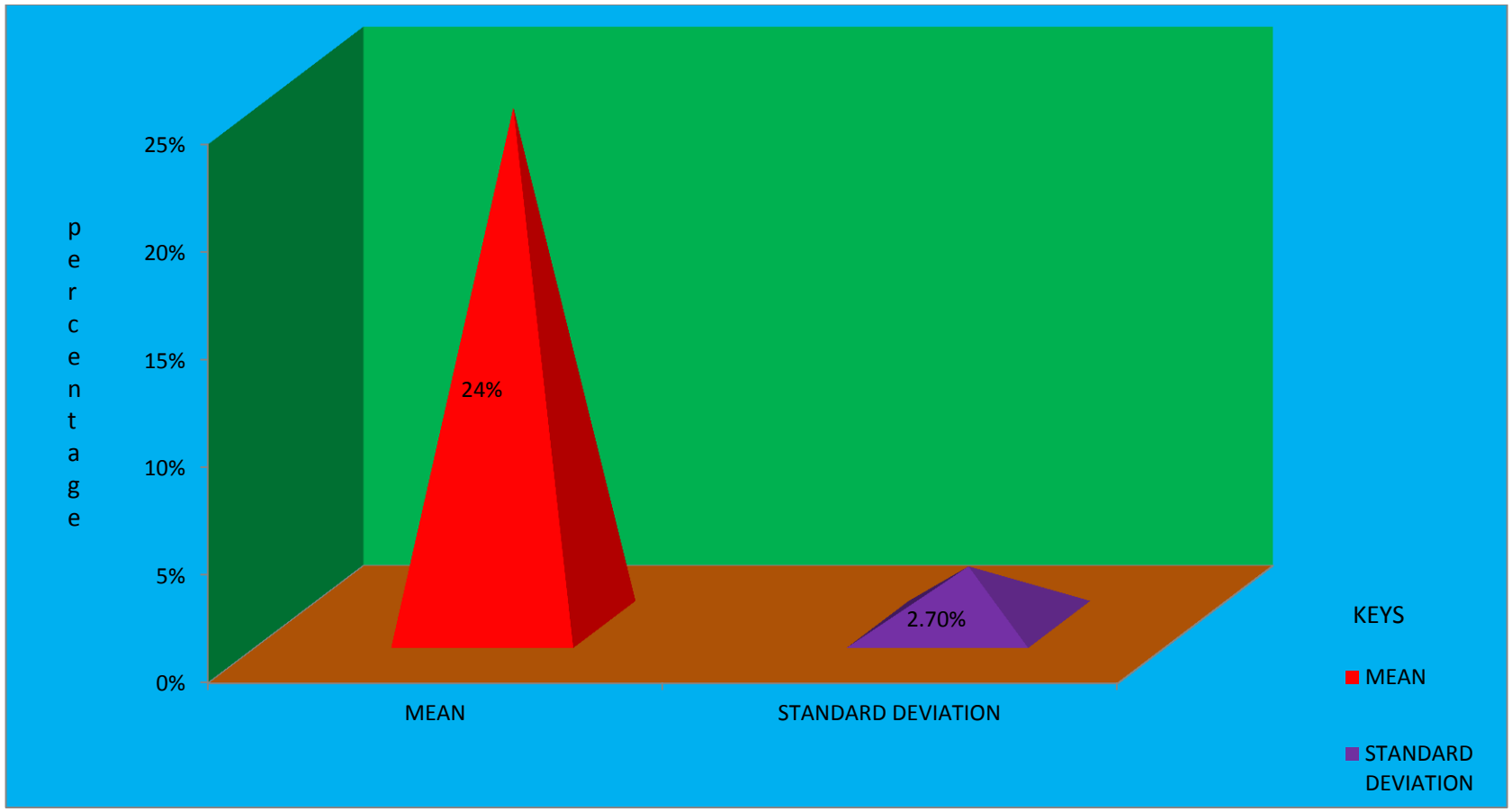


FIG.4.6 COMPARSION BETWEEN MEAN AND STANDARD DEVIATION ON POST TEST

SECTION – E

TABLE – 4.6: ANALYZING THE ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND TO HAVE KNOWLEDGE OF HOME MANAGEMENT IN BRONCHIAL ASTHMA AMONG PEOPLE.

N=100

S. NO	DEMOGRAPHIC VARIABLES	POSTTEST				Chi-square value
		Adequate		Moderate		
		No	%	No	%	
1.	**Age In Years**					
	a)18-31years	**25**	**25%**	**12**	**12%**	**0.074**
	b) 32-35years	**27**	**27%**	**12**	**12%**	**NS**
	c) Above 46years	**17**	**17%**	**07**	**07%**	
2.	**Gender**					**0.463**
	a)Male	**35**	**35%**	**18**	**18%**	**NS**
	b)Female	**34**	**34%**	**13**	**13%**	
3.	**Marital status**					
	a)married	**47**	**47%**	**24**	**24%**	**0.899**
	b)unmarried	**22**	**22%**	**07**	**07%**	**NS**
4.	**Education Status**					
	a) Illiterate	**13**	**13%**	**11**	**11%**	
	b) Primary education	**11**	**11%**	**07**	**07%**	**5.288**
	c) Secondary education	**27**	**27%**	**09**	**09%**	**NS**
	d) collegiate	**18**	**18%**	**04**	**04%**	
5.	**Occupation**					
	a) Agriculture	**19**	**19%**	**12**	**12%**	
	b) Professional	**30**	**30%**	**06**	**06%**	**5.554**
	c) Businessman	**05**	**05%**	**04**	**04%**	**NS**
	d) Daily wages	**15**	**15%**	**09**	**09%**	
6.	**Residence of people**					
	a) Rural	**62**	**62%**	**27**	**27%**	**0.166**
	b) Urban	**07**	**07%**	**04**	**04%**	**NS**

7.	**Type of family** **a) Nuclear family** **b) Joint family**	 **27** **42**	 **27%** **42%**	 **19** **12**	 **19%** **12%**	**4.229** **S**
8.	**Monthly income** **a)up to Rs.3000** **b) Rs.3001-Rs.5000** **c) Above Rs5000**	 **08** **23** **38**	 **08%** **23%** **38%**	 **05** **11** **15**	 **05%** **11%** **15%**	**0.548** **NS**
9.	**Nutritional pattern** **a)Vegetarian** **b) Non-vegetarian**	 **16** **53**	 **16%** **53%**	 **02** **29**	 **02%** **29%**	**4.059** **S**
10.	**Personal habits** **a) Tobacco chewing** **b) Smoking** **c) Alcoholism** **d) None**	 **07** **06** **20** **36**	 **07%** **06%** **20%** **36%**	 **09** **08** **07** **07**	 **09%** **08%** **07%** **07%**	**13.924** **S**

NS **–**NOT SIGNIFICANT S-SIGNIFICANT

Table 4.6 shows that the demographic variables of age in years, gender, marital status, educational status, occupation, residence of people, monthly income had no significant association and the demographic variables such as types of family, nutritional pattern, personal habits had significant association with the level of knowledge

CHAPTER-V

RESULTS AND DISSCUSSION

CHAPTER –V

RESULTS AND DISCUSSION

The study was undertaken to evaluate the effectiveness of in structure teaching programme on knowledge of home management bronchial asthma among the people of keezh seesamangalam. The main objective of the study was to address the adequacy of the knowledge of the people at keezh seesamangalam village regarding knowledge of home management of bronchial asthma .The study was conducted for a period of six weeks by using quasi experimental research design at keezh seesamangalam village; sample had been selected by simple random sampling technique method. The sample size was 100. A well formulated structured questionnaire was used to assess the knowledge of home management in bronchial asthma of.pre test and structured teaching programme was carried out on the first day. On the eighth day by using the structured questionnaire method post test was carried out.

The first objective was to assess the knowledge of the selected population at Keezh seesamangalam about home management of bronchial asthma

The assessment of the knowledge regarding home management bronchial asthma carried out in keezh seesamangalam village, kancheepuram district. The people who met inclusion criteria had been selected and each of them was assessed with demographic variables and questionnaires method. The data analysis showed that among 100 people 24(24%) had moderately adequate knowledge, 76(76%) had inadequate knowledge. In pre test the overall mean was 13.41 with3.1143 standard deviation. It reveals that, people need educational programme to improve their knowledge about home management of bronchial asthma among the people.

The second objective was to evaluate effectiveness of structured teaching programme to have home management in bronchial asthma among selected population at Keezh seesamangalam

Table 4.3 shows that, in post test, the majority of the people 69(69%) had adequate knowledge, 31(31%) people had moderately adequate knowledge and none of them was in

inadequate knowledge. The overall mean of knowledge regarding home management of bronchial asthma in post test 24.08 mean with the standard deviation of 2.769 The improvement score of mean value was 10.67 with the standard deviation of 3.37 and the‘t’ test value was 31.721 which were statistically significant.

The third objective was to explore the association between selected demographic variables and the knowledge score among the people residing at keezh seesamangalam

Table 4.6 shows that the demographic variables of age, gender, marital status, educational status, occupation, resentence, types of family, monthly income of the family, nutritional pattern, personal habits of health information had no significant association of level of knowledge regarding home management of bronchial asthma.

On the whole, the study confirmed that the assumption which was formulated at the beginning was factual and the study was effective in improving their knowledge of the study would be significant difference in the level of knowledge of home management of bronchial asthma among the people who are residing at keezh seesamangalam village, kancheepuram district .

CHAPTER-VI

SUMMARY AND CONCLUSION

CHAPTER –VI

SUMMARY

The present study was conducted to assess effectiveness of structured teaching programme to have knowledge of home management in bronchial asthma among selected population at keezhu seezamangalam village; kancheepuram district. Quasi experimental research design was used for this study .100 people who met inclusion criteria had been selected from keezhu seesamagalam village by using simple random sampling technique. The investigator first introduced himself to the people and developed a rapport with them. The pre test was conducted with the questionnaire given to the people regarding knowledge of home management in bronchial asthma after Seven days the post test was conducted by using same evaluation tool. The data collected was grouped and analyzed by using descriptive statistics and inferential statistics.

CONCLUSION:

In pretest out of 100 people, 76(76%) people had inadequate knowledge and 24(24%) had moderately adequate knowledge. In posttest 31 (31%) had moderately adequate

knowledge and 69(69%) had adequate knowledge. The ‘t’ value 31.721 was compared with tabulated table value at the level of P< 0.05 was significant .So if has been concluded that the structured teaching programme on knowledge of home management of bronchial asthma was effective.

NURSING IMPLICATIONS

The findings of the study have implications in different branches of nursing that is in nursing practice, nursing education, nursing administration and nursing research, by assessing a level of people knowledge regarding home management of bronchial asthma. The investigator received a clear picture regarding the different steps to be taken in different fields to improve the same.

IMPLICATION FOR NURSING PRACTICE:

- Educating and creating awareness is an integral part of the nursing service. Based on the finding of this study structured teaching programme can be planned for the nurses to increase the knowledge of home management.

IMPLICATION FOR NURSING EDUCATION

- Nurse as an educator plays a major role in educating the people regarding the knowledge of home management in bronchial asthma. So the nurse educator must be educated regarding knowledge of asthma home management and its strategies in order to impart the knowledge to the people.
- Nurse educators should provide opportunities to gain knowledge and skills regarding home management of bronchial asthma.

IMPLICATIONS FOR NURSING ADMINISTRATION

- With advanced technology and ever growing challenges of health care needs. The college and hospital administration, have a responsibility to provide nurses, nurse educators and nurse students with continuing education on recent advancements in bronchial asthma .This will enable them to update their knowledge and skills.
- The study finding will help the administrator to arrange continuing education programme for nurses regarding home management of bronchial asthma. It helps to prepare adequate learning material for giving health education.

- The nurse administrator should take active part in the policy making, developing protocol, standing orders related health care measures.

IMPLICATIONS FOR NURSING RESEARCH

- There is a need for intensive and extensive research in this area. It opens a big avenue for research on innovative methods of creating awareness, development of teaching material and setting up multimedia centers for teaching and for creating awareness among the people.
- The study findings will reveal the current knowledge status about the bronchial asthma strategies to and the extent to which the knowledge should be improved.
- This study will motivate other investigators to conduct future studies regarding bronchial asthma.
- This study will help the nurse researchers to develop insight into the developing module and set information towards creating awareness regarding home management of bronchial asthma.
- Awareness, development of teaching material and setting up multimedia centers for teaching and for creating awareness

among the public regarding home management of bronchial asthma.

- These study findings will identify the present knowledge about home management of bronchial asthma to know the extent of necessary information to be given.
- This study will motivate other investigator to conduct future studies in this topic.

RECOMMENDATIONS

Based on the research findings the following recommendations can be made:

- The same study can be replicated on a larger sample and also at different settings.
- A comparative study can be done between semi rural and semi urban people.
- A descriptive study can be conducted on assessment of knowledge regarding home management of bronchial asthma.
- A structured teaching programme on home management of bronchial asthma can be prepared and given to the teachers and the parent's .so that they can impart knowledge to all people.

The structured teaching programme to have knowledge of home management in bronchial asthma can be shown to the people .so that they can impart knowledge to all people.

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APPENDICES

APPENDIX

PART-I

DEMOGRAPHIC VARIABLES

1. Age in years
    a) 18 – 31 ( )
    b) 32 – 45 ( )
    c) 46 and above ( )

2. Gender
    a) Male ( )
    b) Female ( )

3. Marital status
    a) Married ( )
    b) Unmarried ( )

4. Educational status
    a) Illiterate ( )
    b) Primary education ( )
    c) Secondary education ( )
    d) Collegiate ( )

5. Occupation
    a) Agriculture ( )
    b) Professional ( )
    c) Business man ( )
    d) Daily wages ( )

6. Residence
    a) Rural ( )
    b) Urban ( )

7. Types of family
    a) Nuclear family ( )
    b) Joint family ( )

8. Monthly income of the family in rupees
    a) up to 3000 ( )
    b) 3001 – 5000 ( )
    c) Above 5000 ( )

9. Nutritional pattern
    a) Vegetarian ( )
    b) Non vegetarian ( )

10 . Personal habits
    a) Tobacco chewing ( )
    b) Smoking ( )
    c) Alcoholism ( )
    d) None ( )

STRUCTURED QUESTIONNAIRE

KNOWLEDGE QUESTIONS ON RESPIRATORY SYSTEM

1. The system that is responsible for respiration is
   b) respiratory system ( )
   c) circulatory system ( )
   d) central nervous system ( )

2. The air from the atmosphere enters lungs through
   a) nose ( )
   b) ears ( )
   c) eyes ( )

3. Lung is situated in ( )
   a) thoracic cavity
   b) abdominal cavity ( )
   c) pelvic cavity ( )

4. Oxygenation of blood is done by ( )
   a) lungs
   b) heart ( )
   c) Kidney ( )

5. Exchange of gases between blood and body cells is
   a) Internal respiration ( )
   b) External respiration ( )
   c) Cellular respiration ( )

KNOWLEDGE QUESTIONS ON BRONCHIAL ASTHMA

6. Bronchial asthma means difficulty in

   a) swallowing ( )
   b) urination ( )
   c) breathing ( )

7. The gender commonly affected by bronchial asthma is

   a) male ( )
   b) female ( )
   c) equally ( )

8. Asthma condition characterized by

   a) bronchospasm ( )
   b) bronco dilatation ( )
   c) lung constitution ( )

9. One of the triggering factors of asthma is ( )

   a) allergen ( )
   b) occupation ( )
   c) taking in excessive food

10. Asthma is exaggerated by

   a) strenuous activity ( )
   b) exercise ( )
   c) Rest ( )

11. Most important characteristic sign of bronchial asthma is

a) wheezing
b) cough ( )
c) dyspnea ( )

12. Asthmatic attack occurs commonly at ( )

a) night
b) morning ( )
c) evening ( )

13. Three main symptoms of asthma are ( )

a) cough, respiratory infections and chest pain
b) fever, chest pain and dyspnea ( )
c) cough, dyspnea and wheezing ( )

14. The sign of severe asthma which has to be reported immediately is

a) severe diminished breath sound, feeling of suffocation and restlessness ( )
b) Wheezing. chest tightness and cough ( )
c) cough, dyspnea and sleep fullness ( )

15. The type of life style that increase the number of asthmatic symptom is

a) stressfulness ( )
b) sedentary ( )
c) heavy work ( )

KNOWLEDGE QUESTIONS ON MANAGEMENT OF BRONCHIAL ASTHMA

16. The diet that can be taken by asthmatic patient is ( )

    a) protein rich
    b) carbohydrate rich ( )
    c) cholesterol rich ( )

17. The position that is maintained during sleeping is

    a) head is slightly elevated ( )
    b) flat ( )
    c) leg end elevation ( )

18. One of the essential actions that on asthmatic client should do is

    a) monitor asthmatic attack regularly ( )
    b) avoid regular intake of medications ( )
    c) take over the counter drugs ( )

19. One of the home remedies for bronchial asthma is

    a) consuming turmeric milk twice a day ( )
    b) taking coffee once a day ( )
    c) taking alcohol four times per day ( )

20. The symptoms of asthma can be reduced by consuming

    a) garlic juice ( )
    b) cucumber juice ( )
    c) watermelon juice ( )

21. One of the best ways to reduce / loosen the secretion is

a) steam inhalation with hot water ( )
b) steam inhalation with ginger tea ( )
c) steroid inhalation with inhaler ( )

22. One of the effective best home remedies of bronchial asthma is

a) garlic juice and turmeric milk ( )
b) coffee and tea ( )
c) alcohol and wine ( )

23. Exercise that helps to improve breathing capacity of lung expansion is

a) deep breathing exercise ( )
b) aerobic exercise ( )
c) gymnastic ( )

24. Asthma exacerbations are best managed by

a) health education ( )
b) early treatment ( )
c) Modification of life style ( )

25. Steam inhaler is a

a) Play material for children ( )
b) Device used for asthmatic condition ( )
c) type of pulmonary monitor ( )

26. The importance of steam inhalation therapy is

a) Maintenance of airway ( )
b) Maintenance of blood pressure ( )
c) Reducing vomiting ( )

27. The inhaler is used for

a) every 3 -5 minutes every 10 -15 minutes ( )
b) every 1 – 3 minutes ( )

28. The best method of prevention of bronchial asthma is

a) free from allergens ( )
b) diet control ( )
c) prayer ( )

29. The prevention of recurrent attacks of asthma is by

a) adaptive barrier techniques ( )
b) regular follow up ( )
c) taking over the counter drugs ( )

30. Exposure to the dust and pollens can be prevented by

a) Covering the nose with mask. ( )
b) taking medication regularly ( )
c) avoiding exercise ( )

PART-III

KEY ANSWER

Q.NO	ANSWER	Q.NO	ANSWER
1	A	16	A
2	A	17	A
3	A	18	A
4	A	19	A
5	B	20	A
6	C	21	A
7	C	22	A
8	A	23	A
9	A	24	C
10	A	25	B
11	A	26	A
12	A	27	B
13	C	28	A
14	B	29	B
15	C	30	A

STURUCTURED TEACHING PROGRAMME ON HOME MANAGEMENT OF BRONCHIAL ASTHMA

CENTRAL OBJECTVES:

To help the people to gain knowledge and understanding regarding home management of bronchial asthma and develop desirable attitude and skills and help them to utilize their daily practice.

SPECIFIC OBJECTIVES:

The people will be able to,

- define bronchial asthma
- enlist the aetiology of bronchial asthma
- explain the pathophysiology of bronchial asthma
- enumerate the clinical manifestations of bronchial asthma
- describe diagnostic evaluation of bronchial asthma
- list out the differential diagnosis and complications of bronchial asthma
- explain the home management of bronchial asthma

INTRODUCTION:

Good morning to everyone. I am V. Kaviyarasan, a post graduate nursing student from Adhiparasakthi College of Nursing, Melmaruvathur.

Before I start my lecture I would like to know about your present knowledge on bronchial asthma and its management. At the end of this structured teaching programme you will be evaluated by a post test. Please listen attentively and clear all your doubts then and there so that you will understand the problems.

Here I am going to teach you on home management and prevention of bronchial asthma.

S.NO	CONTRIBUTORY OBJECTIVES	TIME	CONTENT	TEACHERS ACTIVITY	LEARNERS ACTIVITY
1.	review the anatomy and physiology of respiratory system	2mts	**ANATOMY AND PHYSIOLOGY OF RESPIRATORY SYSTEM:** The respiratory system is divided into two parts. The upper respiratory tract and lower respiratory tract. The upper respiratory tract includes the nose, pharynx, adenoids, tonsils, epiglottis, larynx and trachea. The lower respiratory tract consists of the bronchi, bronchioles, alveolar ducts, and alveoli. **UPPER RESPIRATORY TRACT:** **NOSE:** The nose made of bone and cartilage, is divided into two nares by the nasal septum. The interior of the nose is shaped into rolling projections called terminals that increase the surface area for warming and moistening air.	Explaining	Listening

			PHARYNX: The nasal cavity connects with the pharynx, a tubular passage away that is divided into three parts. The nasopharynx, oropharynx, and the laryngopharynx **EPIGLOTTIS:** The epiglottis is a small flap of tissue at the base of the tongue. **LARYNX:** After passing through the oropharynx, air moves through the laryngopharynx and the larynx where the vocal cords are located and then down into the trachea. **TRACHEA:** The trachea is a cylindrical tube about 5 inches long and 1 inch in diameter.		

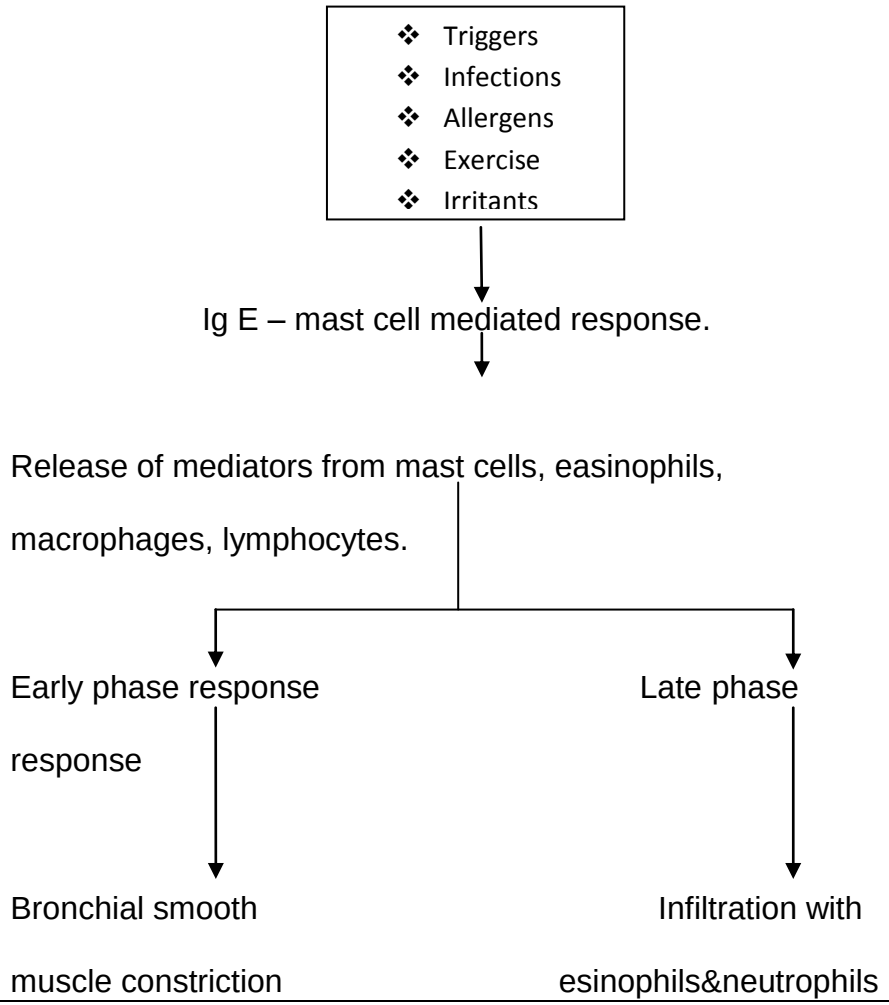
			LOWER RESPIRATORY TRACT: **LUNGS:** Lungs are paired organs of the respiration. They are situating done on each side of mediastinum with in the thoracic cavity. **SHAPE:** Each lung resembles a half cone. It has an apex, a base, two surfaces medially and laterally and three borders anterior inferior and posterior **SIZE:** The right lung is broader than the left lung and weighs 220, where as the left lung 200. **NATURE:** The surface of the lung is smooth and the colour is pinkish at birth. As age advances the colour becomes		

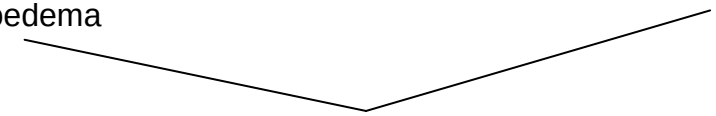
			greyish black and mottled due to deposition inhaled dust particles **FUNCTIONS OF RESPIRATORY SYSTEM:** ➢ Thermoregulation ➢ Maintenance of water balance. ➢ Regulation of acid base balance. ➢ Defence mechanism. ➢ Anti coagulant. ➢ Activation of angiotensin- I ➢ Synthesis of hormonal substances **INTRODUCTION:** India is a vast country. because of variable population density and variables climate respiratory infections are very prevalent in India. Respiratory infections are the most common infections which affects the people.		

2.	define bronchial asthma	2mts	Asthma is a Greek word which means breathless or to health with open mouth. Global strategy for asthma management and prevention guidelines defines asthma as a chronic inflammatory disorder of the airway associated with increased airway hyper responsiveness, recurrent episodes of wheezing, breathlessness and chest tightness. Asthma is a chronic disease that involves inflammation of the lung parenchymal cells, airway, swell and restrict airflow in and out of the lungs making it hard to breathe the word asthma comes from Greek word. **DEFINITION :** Asthma is a chronic inflammatory disorder of the airway in which the inflammation causes varying degrees of obstruction in the airways. -LEWIS	Explaining	Listening

			Asthma is a condition in which the airways of the lungs are narrow making breathing difficulty. - PHIPPS **INCIDENCE:** According to WHO scale of problem between 100 and 150 million people around the globe roughly the equivalent of the population of the Russian federation suffer from asthma and this number has been rising worldwide, deaths from this condition have reached over 180,000 annually. India has an estimated 15 – 20 million asthmatics. In the western pacific region of WHO the incidence varies from over 50% among children in Caroline island to virtually zero in Papua new guinea.		

3.	enlist the etiological factors of bronchial asthma	3mts	**ETIOLOGY:** All those exact mechanisms that cause asthma remains unknown triggers are involved. ❖ Tobacco smoke ❖ Infections such as colds, flu, or pneumonia ❖ Allergens such as food, pollen, mold, dust mites, and pet dander ❖ Exercise ❖ Air pollution and toxins ❖ Weather, especially extreme changes in temperature ❖ Drugs (such as aspirin, NSAID, and beta-blockers) ❖ Food additives (such as MSG) ❖ Emotional stress and anxiety ❖ Singing, laughing, or crying ❖ Smoking, perfumes, or sprays	Explaining	Listening

4.	explain the pathophysiolgy of bronchial asthma	5mts	**PATHOPHYSIOLOGY:**  	Explaining	Listening

5.	enlist the signs and symptoms of bronchial asthma	5mts	Mucous secretion Inflammation, Bronchial hyperactivity Mucosal oedema  ★ Hypoxemia ★ Obstruction of large and small airways ★ Air trapping ★ Respiratory acidosis **SIGNS AND SYMPTOMS OF BRONCHIAL ASTHMA** ❖ Shortness of breath ❖ Tightness of chest ❖ Wheezing ❖ Excessive coughing or a cough that keeps you awake at night	Explaining	Listening

			❖ Silent chest (severely diminished breath sound) ❖ Hypoxemia ❖ Pursed lip breathing ❖ Restlessness ❖ Increased anxiety ❖ Increased blood pressure ❖ Increased respiration ❖ Thick, white gelatinous mucous ❖ Increased pulse		
6.	list out the diagnostic evaluation and	2mts	**DIAGNOSTIC EVALUATION:** ❖ History collection ❖ Physical examination ❖ Pulmonary function test ❖ Peak flow monitor	Explaining	Listening

7.	enlist the differential diagnosis and complications of bronchial asthma	1mts	❖ Chest x ray ❖ ABG analysis ❖ Allergy skin testing ❖ Complete blood count ❖ Serum electrolytes ❖ Blood level of esonophils and Ige ❖ Radioallergensorbent test ❖ Sputum for culture and sensitivity **DIFFERENTIAL DIAGNOSIS:** ❖ Bronchitis ❖ Acute respiratory distress syndrome. ❖ Pneumonia ❖ Emphysema ❖ Pleuritis ❖ Chronic obstructive pulmonary disease	Explaining	Listening

8.	explain about the home management of bronchial asthma	25mts	**COMPLICATIONS:** ❖ Rib fracture ❖ Pneumothorax ❖ Pneumomediastinum ❖ Pneumonia ❖ Status asthmatics **MANAGEMENT:** **Medical management:** **QUICK RELIEF MEDICATIONS** : To treat symptoms and exacerbations ➢ Short acting bronchodilator by inhalation ➢ Beta agonist eg: terbutaline sulphate ➢ Anti – cholinergic agent eg: bromide ➢ Systemic cortico steroids eg: methyprednisolone	Explaining	Listening

			LONG TERM CONTROLLERS: ➢ Inhaled corticosteroids to reduce bronchial hyperactivity Eg: triaminolone – 400 – 1200 mg ➢ Long acting inhaled beta agonist Eg: salmetrol 21 mg ➢ Cromolyn sodium (intala) NSAID that inhibits acute airway narrowing ➢ Nedocromial sodium (tilade): An acute allergic and anti inflammatory used for maintenance therapy monitor the peak respiratory flow rate (peak flow monitoring can allow you to monitor how well the asthma is doing at home. Instruct the person to exhale into the tube to measure the force of the air you can expand out of your lungs)		

			PEFR ZONE **Green zone** ➢ Your current PEFR is 80 – 100 % ➢ This is a mild asthma attack ➢ You should have a treatment strategy in place for when you are in the green zone **Yellow zone** ➢ Your current PEFR is 50 – 80 % of personal best PEFR ➢ This is a moderate asthma attack ➢ You should have a treatment strategy in place for when you are in the yellow zone **Red zone:** ➢ Your current PEFR is less than 50 % of personal best PEFR		

			➢ This is a severe asthma attack ➢ You should have a treatment strategy in place for when you are in the red zone **HOME MANAGEMENT:** 1) One may mix a tablespoon of honey with a half a tablespoon of cinnamon powder and consume prior to sleeping or one can boil eight to ten cloves of garlic in half a cup of milk and consume it at night and this is a wonderful natural asthma remedy for those who are in the early stages of asthma. 2) Another helpful natural asthma remedy is figs, which help in draining the phlegm and washing three to four dry figs with water and drenched them in a cup of water would help when eaten on an empty stomach along with drinking the fig-soaked water. 3) There is one more natural asthma remedy in the		

			form of taking a cup of water and soaking one teaspoon of Fenugreek seeds during the night. Fenugreek seeds, which taken with a cup of water overnight is a further natural asthma remedy. 4) Steaming ginger tea with minced garlic cloves must be given two times in a day for asthma cure. 5) For asthma cure the patient should also be made to breathe in steam from boiling water mixed with ajwain. Add one teaspoonful of honey and drink the mixture two times or thrice a day for asthma cure. 6) Soak dry grapes in water at night and keep in cold milk for half an hour and chew them to treat asthma. 7) For asthma treatments mix one gram of dry ginger powder and one gram of black pepper in one teaspoon of molasses of honey.		

			8) For asthma cure turmeric can be taken along with honey in the morning on empty stomach to decrease the intensity of attack. 9) For people who are in their premature stages of asthma, a great Home Remedy for Asthma is to boil 8-10 cloves of garlic in ½ cup of milk and consume it during night time. 10) Take very hot water and put in a tsp of honey in it. Take it just before sleeping and take small sips. 11) In 1 cup of water soak 1 tsp of Fenugreek seeds overnight. Insert 1 tsp of Ginger juice and 1 tsp of honey to this. It has to be consumed two times during morning as well as evening. 12) The roots of the bitter gourd plant have been used as medicine for asthma cure. A teaspoon of the root paste,		

			mixed with an identical amount of honey or juice of the tulsi leaves, given once every night for a month, acts as an outstanding medicine for this disease. 13) A soup prepared from drumstick leaves, and taken once daily, has been found helpful in the treatment of asthma. This soup is prepared by adding up a handful of leaves to 180ml of water and boiling it for five minutes. After being permitted to cool, a little salt, pepper, and lime juice may be added to this soup. 14) Avoid taking aspirin medications – it will aggregate asthma 15) Coffee helps to breakdown of phlegm and helps to alleviate the tightness of chest and throat. 16) Avoid dairy products 17) Advise to take B complex supplements.		

			ENVIRONMENTAL MANAGEMENT : Changing the environment around you to better control of airborne allergens **Task** : Removing carpets Purifying the water Coves, pillows and mattress not spring with dumped place Wash all bed sheets in hot water up to 103 degree Fahrenheit in every 10 -14 days Cockroach estimination Forbidding smoking in the house and not keeping pets in the house.		

			PREVENTIVE MEASURE OF BRONCHIAL ASTHMA: ➢ Clean your house every day. Keep the person out of the house when the floor is being swiped. ➢ Avoid exposure to cold air ➢ Stop smoking ➢ Don’t allow anybody to smoke in front the person ➢ Avoid exposure to secondary smokers ➢ Don’t use any insecticides sprays in front of the person ➢ Keep the person in front of fire wood smoke ➢ Avoid overcrowding areas ➢ Don’t keep mosquito coils or agarbathies in front of the person ➢ Identifying and avoid potential asthma triggers ➢ Avoid skipping of doses		

			ACTION PLAN: ➢ A plan for taking asthma medications when your condition is stable ➢ The list of asthma triggers and how to avoid them ➢ How to recognize when your asthma is getting worsen and when to call your doctors or nurses		

பகுதி-2

தனி நபர் விவரம்

1. வயது வரம்பு [ ]

   அ) 18 – 31 வயது [ ]

   ஆ) 32 – 45 வயது [ ]

   இ) 46 வயதுக்கு மேல்

2. பாலினம் [ ]

   அ) ஆண் [ ]

   ஆ) பெண்

3. திருமண விவரம்

   அ) திருமணம் ஆனவர் [ ]

   ஆ) திருமணம் ஆகாதவர் [ ]

4. கல்வி தகுதி [ ]

   அ) படிப்பறிவு இல்லாதவர் [ ]

   ஆ) தொடக்க கல்வி [ ]

   இ) உயர்கல்வி [ ]

   ஈ) பட்டதாரிகள்

5. வேலை தகுதி

   அ) விவசாயம் [ ]

   ஆ) தொழில் சார்ந்த [ ]

   இ) தொழிலதிபர் [ ]

   ஈ) தினகூலி [ ]

6. தங்கும் இடம்

அ) கிராமபுறம் [ ]

ஆ) நகர்புறம் [ ]

7. குடும்பத்தின் வகை

அ) தனி குடும்பம் [ ]

ஆ) கூட்டுக்குடும்பம் [ ]

8. மாத வருமானம்

அ) 3000க்கு மேல் [ ]

ஆ) 3001 – 5000 [ ]

இ) 5000க்கு மேல் [ ]

9. உணவு பழக்கம் [ ]

அ) சைவம் [ ]

ஆ) அசைவம் [ ]

10. தீய பழக்கவழக்கங்கள் [ ]

அ) புகையிலை போடுவது [ ]

ஆ) புகைபிடிப்பது [ ]

இ) மது அருந்துவது [ ]

ஈ) மேற்கண்டவற்றில் எதுவும் இல்லை [ ]

வினாக்கள்

சுவாச மண்டலம் தொடர்பான கேள்விகள்

1. சுவாசத்திற்கு ஏற்ற மண்டலம் [ ]

அ) சுவாச மண்டலம் [ ]

ஆ) இரத்த ஓட்ட மண்டலம் [ ]

இ) நரம்பு மண்டலம்

2. எந்த துவாரத்தின் மூலம் காற்று நுரையீரலுக்கு செல்லும் [ ]

அ) மூக்கு [ ]

ஆ) காது [ ]

இ) கண்

3. நுரையீரல் அமைந்துள்ள பகுதி [ ]

அ) மார்பக கூடு பகுதி [ ]

ஆ) வயிற்று பகுதி [ ]

இ) இடுப்பு எலும்பு பகுதி

4. இரத்தம் தூய்மை அடையும் பகுதி [ ]

அ) நுரையீரல் [ ]

ஆ) இதயம் [ ]

இ) சிறுநீரகம்

5. இரத்தத்திற்கும் திசுக்களுக்கும் இடையே ஏற்படும் வாயு பரிமாற்றம் [ ]

அ) உட்சுவாசம்

ஆ) வெளிசுவாசம் [ ]

இ) திசுகளுக்கு இடையேயான சுவாசம்

பிராங்கியல் ஆஸ்துமா தொடர்பான கேள்விகள்:

6. பிராங்கியல் ஆஸ்துமாவினால் கடினமாக இருப்பது [ ]

அ) முழுங்குதல் [ ]

ஆ) சிறுநீர் கழித்தல் [ ]

இ) சுவாசிப்பது

7. பிராங்கியல் ஆஸ்துமாவினால் அதிகமாக பாதிக்கும் இனம்

அ) ஆண் [ ]

ஆ) பெண் [ ]

இ) சமம் [ ]

8. ஆஸ்துமாவின் தனிதன்மை [ ]

அ) மூச்சு குழாய் பிடித்தல் [ ]

ஆ) மூச்சு குழாய் விரிதல் [ ]

இ) நுரையீரல் பாதிப்பு

9. ஆஸ்துமாவை ஊற்றுவிக்கும் ஒரு வகை காரணி [ ]

அ) ஒவ்வாமை காரணி [ ]

ஆ) தொழில் [ ]

இ) அதிகமாக உணவு எடுத்தல்

10. ஆஸ்துமாவின் அறிகுறிகள் அதிகமாகும் செயல்கள் [ ]

அ) அதிகமான உடல் வேலை [ ]

ஆ) உடற்பயிற்சி [ ]

இ) ஓய்வு

11. ஆஸ்துமாவின் மிக முக்கிய அறிகுறிகள்

அ) மூச்சு இழுப்பு [ ]

ஆ) இருமல் [ ]

இ) மூச்சு திணறல் [ ]

12. ஆஸ்துமாவின் தாக்கம் அதிகமாகும் நேரம்

அ) இரவு நேரத்தில் [ ]

ஆ) காலை நேரத்தில் [ ]

இ) மாலை நேரம் [ ]

13. ஆஸ்துமாவின் மிக முக்கிய மூன்று அறிகுறிகள்

அ) இருமல்இ சுவாசதொற்றுநோய்இ நெஞ்சுவலி [ ]

ஆ) தொடர்ந்து இருமலுடன் சளி மற்றும் மூச்சுதிணறல் [ ]

இ) இருமல், மூச்சுதிணறல் மற்றும் மூச்சு இழுப்பு [ ]

14. ஆஸ்துமாவின் அறிகுறிகளில் உடனடியாக தெரிவது

அ) அதிகமான மூச்சு சத்தம், மூச்சு அடைப்பு ஓய்வின்மை [ ]

ஆ) மூச்சு இழுப்பு, மார்பு பிடித்தல், இருமல் [ ]

இ) இருமல், மூச்சுதிணறல், தூக்கமின்மை [ ]

15. எந்த வகை பழக்கத்தின் மூலம் ஆஸ்துமா அறிகுறிகள் அதிகமாகும் [ ]

அ) மன அழுத்தம் [ ]

ஆ) மெத்தனமான வாழ்க்கை முறை [ ]

இ) அதிகமான வேலை பளு

பிராங்கியல் ஆஸ்துமா தடுப்புமுறை தொடர்பான கேள்விகள்:

16. ஆஸ்துமா நோயாளிகள் உட்கொள்ள வேண்டிய உணவு

அ) புரதசத்து மிக்க உணவு [ ]

ஆ) கார்போஹைட்ரேட் மிக்க உணவு [ ]

இ) கொழுப்பு சத்து மிக்க உணவு [ ]

17. ஆஸ்துமா நோயாளிகள் உறங்கும் நேரங்களில் மேற்கொள்ளவேண்டிய நிலைகள்

அ) தலையை சற்று உயர்வாக வைத்தல் [ ]

ஆ) சமமான பகுதியில் படுத்தல் [ ]

இ) கால்களை சற்று உயர்த்தி வைத்தல் [ ]

18. ஆஸ்துமா நோயாளிக்கு மேற்கொள்ள வேண்டிய முதண்மை சிகிச்சை [ ]

அ) ஆஸ்துமா பிரச்சனைகளை கண்காணிப்பது [ ]

ஆ) தொடர்ந்து எடுக்கும் மருந்துகளை தவிர்த்தல் [ ]

இ) அதி தீவிர மருந்துகளை உட்கொள்ளுதல்

19. ஆஸ்துமா நோயாளிகளை வீட்டில் குணப்படுத்த மேற்கொள்ள வேண்டிய முறைகள்

அ) பாலுடன் மஞ்சள்தூள் சேர்த்து இருமுறை அருந்துவது [ ]

ஆ) காபி ஒருமுறை அருந்துவது [ ]

இ) மதுபானம் நான்குமுறை அருந்துவது [ ]

20. ஆஸ்துமாவை குறைக்க உட்கொள்ள வேண்டிய பழச்சாறு

அ) பூண்டு சாறு [ ]

ஆ) வெள்ளரிக்காய் சாறு [ ]

இ) தர்பூசணி சாறு [ ]

21. ஆஸ்துமாவை குறைக்க எடுக்கப்படும் முறை

அ) வெண்ணீரில் ஆவிபிடித்தல் [ ]

ஆ) இஞ்சி தேனீரில் ஆவிபிடித்தல் [ ]

இ) ஊக்குவிக்கும் மருந்துகளுடன் ஆவிபிடித்தல் [ ]

22. ஆஸ்துமாவினை குணப்படுத்த மேற்கொள்ளும் வீட்டு வைத்தியம்

அ) மஞ்சளுடன் பூண்டு சேர்த்த பால் அருந்துவது [ ]

ஆ) தேனீர் அத்துடன் குழம்பி அருந்துவது [ ]

இ) மது அருந்துவது [ ]

23. கீழ்கண்டவற்றில் எந்தவகை மூச்சுபயிற்சி நுரையீரலை விரிவாக்கும் [ ]

அ) மூச்சை உள்வாங்கி இழுத்தல் [ ]

ஆ) அதிகமான பிரானவாயுவை உள்ளிழுத்துக்கொள்ள உதவும உடற்பயிற்சி [ ]

இ)ஜீம்னாஸ்டிக்

24. ஆஸ்துமாவை கட்டுபடுத்தும் முறை

அ) நல உடற்கல்வி [ ]

ஆ) ஆரம்பநிலையில் மருந்து கொடுத்தல் [ ]

இ) பழக்கவழக்கத்தை மாற்றுவது [ ]

25. ஆவி நீராவி பிடிக்கும் கருவி என்பது

அ) குழந்தைகளின் விளையாட்டு பொருள் [ ]

ஆ) ஆஸ்துமாவிற்கு பயன்படும் பொருள் [ ]

இ) ஒரு வகை நுரையீரலின் செயலை கண்காணிப்பது [ ]

26. நீராவி பிடித்தலின் பயன்பாடு [ ]

அ) சுவாசப்பாதையை தூய்மைபடுத்துதல் [ ]

ஆ) இரத்த ஓட்டத்தை மேம்படுத்துதல் [ ]

இ) வாந்தி எடுப்பதை குறைத்தல்

27. நீராவி பிடிக்கும் கால அளவு [ ]

அ) ஒவ்வொரு 3 – 5 நிமிடம் [ ]

ஆ) ஒவ்வொரு 10 – 15 நிமிடம் [ ]

இ) ஒவ்வொரு 1 – 3 நிமிடம்

28. பிராங்கியல் ஆஸ்துமாவை தடுக்கும் சிறந்த முறை [ ]

அ) ஒவ்வாமை காரணியிலிருந்து விடுபடுதல் [ ]

ஆ) உணவு கட்டுபாடு [ ]

இ) வழிபாடு

29. அடிக்கடி ஏற்படும் ஆஸ்துமாவை தடுக்கும் முறை [ ]

அ) சிறந்த தடுக்கும் முறைகளை மேற்கொள்ளுதல் [ ]

ஆ) தொடர்ச்சியாக சிகிச்சை பின்பற்றுதல் [ ]

இ) அதிகமான மருந்துகளை எடுத்துக்கொள்ளுதல்

30. மாசுக்கட்டுப்பாட்டிலிருந்து தடுக்கும் முறை [ ]

அ) மூக்கை மூடிக்கொள்ளுதல் [ ]

ஆ) தொடச்சியாக மருந்துகளை எடுத்தல் [ ]

இ) உடற்பயிற்சியை தவிர்த்தல்

விடைகள்:

1.	அ	16.	அ
2.	அ	17.	அ
3.	அ	18.	அ
4.	அ	19.	அ
5.	ஆ	20.	அ
6.	இ	21.	அ
7.	இ	22.	அ
8.	அ	23.	அ
9.	அ	24.	இ
10.	அ	25.	ஆ
11.	அ	26.	ஆ
12.	அ	27.	ஆ
13.	இ	28.	ஆ
14.	ஆ	29.	ஆ
15.	இ	30.	அ

மத்திய நோக்கங்கள்:-

மக்களுக்கு உதவும் வகையில் ஆஸ்துமாவிற்கு வீட்டில் மேற்கொள்ளும் சிகிச்சை அணுகுமுறைகளை அவர்களின் அன்றாட நடைமுறையிலிருந்தும் உணவு பொருட்களிலிருந்தும் கூற விரும்புகிறேன்.

குறிப்பிட்ட நோக்கங்கள்:-

சுவாசமண்டலத்தின் உடற்கூற்றியல்

- பிராங்கியல் ஆஸ்துமாவை வரையறுக்க
- பிராங்கியல் ஆஸ்துமா பற்றிய நோய் பதிவு
- பிராங்கியல் ஆஸ்துமாவின் காரணிகள்
- பிராங்கியல் ஆஸ்துமாவின் உடற்கூற்றுப்பிணியல்
- பிராங்கியல் ஆஸ்துமாவின் அறிகுறிகள்
- பிராங்கியல் ஆஸ்துமாவினை கண்டறியும்முறை
- பிராங்கியல் ஆஸ்துமாவின் வகையீடு நோயறிதல்
- பிராங்கியல் ஆஸ்துமாவின் விளைவுகள்
- பிராங்கியல் ஆஸ்துமாவின் சிகிச்சைமுறைகள்

அறிமுகம்:-

அனைவருக்கும் காலை வணக்கம்!

எனது பெயர் வே.கவியரசன் நான் ஆதிபராசக்தி செவிலியர் கல்லூரியில் முதுகலை பட்டம் பயின்று வருகின்றேன். நான் இப்பொழுது பிராங்கியல் ஆஸ்துமா பற்றியும் அதன் மேலாண்மை சிகிச்சை முறைகளில் வீட்டில் மேற்கொள்ள வேண்டிய அணுகுமுறைகளை உங்களுக்கு கற்பிக்க விரும்புகிறேன். இந்த கற்பித்தலின் இறுதியில் ஒரு பதிவு பரிசோதனை செய்ய விரும்புகிறேன். எனவே கவனமாக கேட்டு புரிந்து கொண்டு இதில் ஏற்படம் சந்தேகங்களை தெளிவுபடுத்திக்கொண்டு விடையளிக்குமாறு பணிவுடன் கேட்டுக்கொள்கிறேன்.

வ.எண்	குறிப்பிட்ட நோக்கங்கள்	காலம்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	கவனிப்போர் செயல்பாடு
1	சுவாசமண்டலத்தின் உடற்கூற்றியல்		சுவாசமண்டலம் இரண்டு பகுதிகளாக பிரிக்கப்பட்டது. அவைகள் வெளிசுவாசபாதை உட்சுவாசபாதைகள். வெளிசுவாசபாதையில் மூக்கு, மிடறு, மூக்கு அடிசதை, அடிநா, குரல்வளை மூடி, குரல்வளை மற்றும் உட்சுவாசபாதையில் மூச்சுகுழாய்கள் காற்று குழாய்கள் மற்றும் ஆல்வியோலை அமைந்துள்ளது. **மேற்புற சுவாசபாதை:-** **மூக்கு:-** மூக்கு பகுதி எலும்பு மற்றும் குருத்தெலும்பினால் ஆனவை. இதனை நாசிதடுப்பு சுவர் இரண்டு பாதைகளாகப் பிரிக்கின்றன. இதன் உட்புற பகுதி காற்றின் வெப்பமையத்திலையும் ஈரபதமூட்டுவதையும் செய்கின்றது. **முன் தொண்டை:-** நாசிகுழி தொண்டை மூன்று பகுதிகளாக பிரிக்கப்பட்டுள்ளது. இதை சுவாச குழாய்பாதையுடன் நேசோபெரங்கள், ஒரோபெரங்கள், மற்றுடன் லேரேங்கோஸ் பெரங்கஸ் இணைக்கிறது. **குரல்வளைமூடி:-** குரல்வளைமூடி நாக்கின் அடிப்பகுதியில் சிறிய	கற்பித்தல்	கவனித்தல்

			மடலைப்போல் அமைந்துள்ளது. **மிடறு**:- மிடறு பகுதியிலிருந்து காற்று ஒரோபெரங்கல், லேரங்கோஸ் பெரங்கஸ் மூலமாக மூச்சு குழாயினை அடைகின்றது. **மூச்சு குழல்:-** மேல் மூச்சு குழல்விட்டம் 5 அங்குலம் நீளமும் ஒரு விட்டமும் கொண்டது. **கீழ்புற சுவாசப்பாதை:-** **நுரையீரல்:-** நுலையீரல் கோண வடிவமுடையவை. இவை மார்பு கூடுகளுக்கு இடையில் இரண்டு பாகங்களாக இருக்கின்றன. இவை ரத்தத்தில் கழிவுகளை நீக்கி சுத்தமான பிராண வாயுவினை உடலுக்கு தருகின்றது. **வடிவம்:-** இவைகள் அரைகூம்பு வடிவத்தில் இரண்டு பக்கங்களில் அமைந்துள்ளது. இவை பக்கவாட்டில் தாழ்ந்தும் மூன்று புற எல்லைகளையும் கொண்டிருக்கிறது. **அளவு:-** வலது நுரையீரல் 200 இடது நுரையீரல் 220 எடையும்		

			கொண்டள்ளது. **சுவாசமண்டலத்தின் பயன்கள்:-** ★ உடல் வெப்பநிலையை சீராக பாதுகாத்தல் ★ உடலின் நீரின் அளவை பராமரித்தல் ★ உடலில் அமில-கார சமநிலையை பராமரித்தல் ★ உடலின் நோய் எதிர்ப்பு சக்தியை பேணிக்காத்தல் ★ ஆஞ்சியோடேன்சின் - ஐ ஹார்மோனை செயல்படுத்துதல் ★ செயல்திறன் ஹார்மோனை சுரத்தல். **அறிமுகம்:-** இந்தியாவின் தற்பவெப்ப காலநிலைகளில் சுவாச நோய்கள் அதிகமாக படர்ந்து காணப்படுகின்றன. ஆஸ்துமா என்பது மூச்சுதிணறல், கிரேக்க வார்த்தையிலிருந்து உருவாக்கப்பட்டது. மேலும் இவை மக்கள் தொகை படர்ந்த பகுதிகளில் காணப்படுகின்றது. ஆஸ்துமா என்பது நுரையீரலின் சுவாசபாதைகளில் ஏற்படும் சுறுக்கம் அல்லது வீக்கம். இதனால் சுவாசித்தலில் சிரமம் ஏற்படுகின்றது. இதனை ஒட்டி மாறுபட்ட அறிகுறிகள் உருவாகின்றன அவைகள் மூச்சுதிணறல் தொடர்பான நிகழ்வுகள் இதயம் மற்றும் மார்பு இறுக்கமடைதல்.		

2	பிராங்கியல் ஆஸ்துமா - வை வரையரை		**வரையறை:-** ஆஸ்துமா என்பது சுவாசவழிகளில் ஏற்படம் வீக்கம் மற்றும் சுவாசவழிகளில் நாள்பட்ட சுழற்சி போன்ற மாறுதலால் சுவாசித்தல் பிரச்சினையை உருவாக்கின்றது. - லீவிஸ் ஆஸ்துமா என்பது நுரையீரலின் மூச்சு குழாய்கள் சுருங்குவதால் மூச்சுவிடுவதலில் சிரமத்தை உருவாக்குகின்றது. - பிப்ஸ் **நிகழ்வு:-** உலகம் முழுவதும் 100 மற்றும் 150 மில்லியன் மக்கள் இடையே ஆஸ்மா பிரச்சனை உள்ளது. தோராயமாக ஆசிய மக்கள் கூட்டமைப்பில் 1,80,000 மக்கள் ஆண்டுதோறும் இறக்கின்றனர். இதில் குறிப்பாக இந்தியாவில் 15 – 20 மில்லியன் மக்கள் பாதிக்கப்படுகின்றனர். அதுவும் பசிபிக் பிராந்தியத்தில் காணப்படுகின்றனர்.	கற்பித்தல்	கவனித்தல்
3	பிராங்கியல் ஆஸ்துமா-வின் காரணிகள்		**காரணம்:-** ஆஸ்துமாவின் காரணிகளின் பொறிமுறை இதுவரை தெரியவில்லை	கற்பித்தல்	கவனித்தல்

4	பிராங்கியல் ஆஸ்துமா-வின் உடற்கூற்றுப்பியல்		★ புகையிலை புகை ★ காய்ச்சல், ஜலதோஷம் மற்றும் நிமோனியா போன்ற தொற்று நோய்கள் ★ மகரந்தம், உணவு, மோல்டு, தூரி சிற்றுண்ணிகள், விலங்குகளின் கழிவுகள் போன்ற ஒவ்வாமை காரணிகள் ★ உடற்பயிற்சி ★ காற்று மாசுபாடு மற்றும் நச்சுகள் ★ தற்பவெப்பநிலை மாற்றங்கள் ★ மருந்துகள் ஐஆஸ்பிரின், ந்ஜைன்ட் மற்றும் பீட்டாபிளாக்காஸ்ஸ ★ உணவு சேர்க்கைகள் ★ உணர்ச்சி வசப்பட்ட மன உளைச்சல் மற்றும் கவலை ★ அழுகை மற்றும் வாய்விட்டு சிரிப்பதால் ★ புகை, வாசனை திரவியங்கள் அல்லது ஸ்பிரேக்கள் **உடற்கூற்றுப்பிணியல்:-** ▪ தூண்டிவிடும் காரணிகள் ▪ இன்பெக்ஷன் ▪ ஒவ்வாமை காரணிகள்	கற்பித்தல்	கவனித்தல்

			▪ உடற்பயிற்சி ⇩ ஐபுரு – எமெஸ்ட் திசுக்களுடன் மத்திய ஸ்கம் அடைதல் ⇩ இதனால் மாஸட் செல், இசோனோபில், மேக்ரோ பேஜ்கள், நிண இருந்து கடத்திகள் வெளிபடுகின்றன. ⇩ ஆரம்ப கட்டநிலை 1. மூச்சுகுழாயின் மிருதுவான தசை சுருக்கம் 2. சளி சுரப்பு சுழற்சி 3. மென்சவ்வு திரவக்கோர்வை கடைசி கட்ட நிலை 1. அகற்றப்படாத இசோனோபில் நியூட்ரோபில் 2. வீக்கம் 3.மூச்சுகுழாய்களின் தீவிரமாற்றம் இரத்த உயிர் வளிக்குறை பெரிய மற்றும் சிறிய ஏர்வேஸ் கடை காற்று நிரம்புதல் சுவாச அமிலத்தோற்றத்தை		

5	பிராங்கியல் ஆஸ்துமா-வின் அறிகுறிகள்		**ஆஸ்துமாவின் அறிகுறிகள்:-** ★ மூச்சு விடுவதில் சிரமம் ★ மார்பு இறுக்கமடைதல் ★ மூச்சிரைத்தல் ★ அதிகமான இருமல் அல்லது இரவில் இருமினால் விழித்துக்கொள்வது ★ அமைதியான மூச்சு ஒலி ★ இரத்த உயிர் வளிக்குறை ★ மெதுவான உதடு சுவாசம் ★ அதிகமான இரத்த அழுத்தம் ★ அதிகமாக சுவாசித்தல் ★ வெள்ளை நிற திரவம் படர்ந்த சளி ★ அதிகமான நாடிதுடிப்பு	கற்பித்தல்	கவனித்தல்
6	பிராங்கியல் ஆஸ்துமா-வினை கண்டறியும் முறை		**நோயறிதல் கணிப்பு:-** ★ விவரம் அறிதல் ★ உடல் பரிசோதனை ★ நுரையீரல் இயக்கும் சோதனை ★ சுவாச ஓட்டத்தை கண்காணிக்க ★ மார்பு எக்ஸ்-கதிர் படம் ★ யுடீபு பகுப்பாய்வு	கற்பித்தல்	கவனித்தல்

			★ ஒவ்வாமை தோல் சோதனை ★ முழுமையான இரத்த எண்ணிக்கை ★ சீரம் மின்பகுளிகள் ★ ரேடியோ அலர்ஜின் சார்பனேட் சோதனை ★ சளி பரிசோதனை		
7	பிராங்கியல் ஆஸ்துமா-வின் வகையீடு நோயறிதல்		**வகையீடு நோயறிதல்:-** ★ மூச்சுக்குழாய் சுழற்சி ★ கடுமையான சுவாச டிஸ்ட்ரஸ் சிண்ட்ரோம் நுரையீரல் சுழற்சி ★ எம்பிஸிமா ★ பிளூரைட்டிஸ் ★ நாள்பட்ட தடுப்பு நுரையீரல் நோய	கற்பித்தல்	கவனித்தல்
8	பிராங்கியல் ஆஸ்துமா-வின் விளைவுகள்		**விளைவுகள்:-** ★ விலா எலும்பு முறிவு ★ நோய் ★ நீமோமிடியஸ்டினம் ★ நுரையீரல் சுழற்சி ★ தகுதி ஆஸ்துமா நோய்	கற்பித்தல்	கவனித்தல்

9	பிராங்கியல் ஆஸ்துமா-வின் சிகிச்சை முறைகள்		**பிராங்கியல் ஆஸ்துமாவின் சிகிச்சை முறைகள்:-** **மருத்துவ மேலாண்மை** **விரைவு நிம்மதி மருந்துகள்:-** அறிகுறிகள் மற்றும் விளைவுகளை சிகிச்சை ★ உடனடி செயல்திறன் பிராங்கியல் விரிப்பு உள்ளிழுக்கும் மருந்துகள் ★ பீட்டா இயக்கி (எ.கா) டோப்யுடவீன் சல்பேட் ★ எதிர்ப்பு கோலினெர்ஜித் முகவர் (எ.கா) புரோமைடு ★ அமைப்பு கார்டிகோ ஸ்டெராய்டுகள் (எ.கா) மீகைல் பிரட்னிசோலன் **நீண்டகால கட்டுப்படுத்திகள்:-** ★ மூச்சுகுழாயினை அதியியக்கம் குறைக்கும் உள்ளிழுக்கும் கார்டிக்கோஸ்டீராய்டுகள் (எ.கா) டிரிமினேலின் 400 – 1200 மி.கி ★ நீண்டகால பீட்டா இயக்கி (எ.கா) சால்பிட்ரால் 21 மி.கி ★ கோரோமினன் சோடியம் ★ நீடோகோரோமினின் சோடியம்	கற்பித்தல்	கவனித்தல்

			உச்ச சுவாச ஓட்ட விகிதம்:- உச்ச சுவாச ஓட்ட விகிதம் என்பது சிகிச்சையில் பயன்படுத்தும் ஒரு கடுமையான ஒவ்வாமை மற்றும் எதிர்ப்பு சுழற்சி உச்ச சுவாச ஓட்ட விகிதம் உச்சநிலை சுவாசநிலை கண்காணிப்பு. இதன் உதவியுடன் ஒரு மனிதனின் சுவாச திறனை அறியலாம். **ீநுகுசு வட்டாரம்:-** **பசுமை மண்டலம்:-** ▪ உங்கள் தற்போதைய ீநுகுசு 80 – 100மூ உள்ளது ▪ லேசான ஆஸ்துமா நிலை ▪ நீங்கள் பச்சை மண்டலத்தில் இருக்கும்போது சிகிச்சை திட்டம் மேற்கொள்ளலாம் **மஞ்சள் மண்டலம்:-** ▪ உங்கள் தற்போதைய ீநுகுசு 50 – 80மூ ▪ இயல்பான ஆஸ்துமா நிலை ▪ நீங்கள் மஞ்சள் மண்டலத்தில் இருக்கும்போது சிகிச்சை திட்டம் இருக்க வேண்டும் **சிவப்பு மண்டலம்:-** ▪ உங்கள் தற்போதைய ீநுகுசு 50மூ ▪ கடுமையான ஆஸ்துமா உள்ளது		

			▪ நீங்கள் சிவப்பு மண்டலத்தில் இருக்கும்போது கண்டிப்பாக சிகிச்சை முறை இருக்க வேண்டும் **முகப்பு மேலாண்மை:-** 1. ஒரு இலவங்கப்பட்டை தூளுடன் அரை தேக்கரண்டி கொண்ட தேன் ஒரு தேக்கரண்டி கலக்கி இரவு தூங்குவதற்கு முன் கொடுத்தால் ஆரம்பநிலை ஆஸ்துமா தீர்வு கிடைக்கும். அல்லது கொதிக்க வைத்த எட்டு பூண்டு உடன் அல்லது 10 கிராம் பூண்டுடன் அரை கப் பால் சேர்த்து குடித்தால் ஆரம்பநிலை ஆஸ்துமா குணமாகும். 2. ∴பி- நனைத்த நீரினை வெறும்வயிற்றில் குடிப்பதன் மூலம் சுவாச பிரச்சனைகளுக்கு நிரந்தர தீர்வு காணலாம். 3. பேனுகிரிக் விதைகளை ஊற வைத்து ஒரு கப் தண்ணீரில் இரவில் குடித்தால் ஆஸ்துமாவிற்கு நிரந்தர தீர்வு காணலாம். 4. துண்டு துண்டாக வெட்டப்பட்ட பூண்டு கிராம்புவுடன் இஞ்சி, தேனீர் கலந்து குடுக்கவேண்டும். 5. ஆஸ்துமா நோயாளிகளுக்கு மேலும் ‘‘யுதுறுயுஜே’’ கலந்த கொதிக்கும் நீரில் நீராவி பிடிக்கவேண்டும் மேலும் ஒரு தேக்கரண்டி தேனீருடன் தண்ணீரில்		

			கலந்து இரண்டு அல்லது மூன்று தடவை குடுத்தால் ஆஸ்துமா குணமாகும். 6. உலர்ந்த திராட்சையை அரைமணிநேரம் ஊறவைத்து குளிர்ந்த பாலுடன் சேர்த்து இரவில் குடுத்தால் ஆஸ்துமா குணமாகும். 7. ஆஸ்துமா சிகிச்சைக்காக உலர்ந்த இஞ்சிபொடி, ஒரு கிராம் தேன் என்ற வெல்லப்பாகு ஒரு தேக்கரண்டி மற்றும் கறுப்பு மிளகு சேர்த்து கொடுக்கவும். 8. ஆஸ்துமா தாக்குதலின் தீவிரத்தை குறைக்க வெறும் வயிற்றில் தேன் கலந்து எடுத்துக்கொள்ளவும். 9. பால் ½ கோப்பை பூண்டு 8-10 கிராம்பு கொதிக்க வைத்து கொடுத்தால் ஆஸ்துமா குணமாகும். 10. இரவில் தூங்குவதற்கு முன்னால் வெந்நீருடன் தேன் கலந்து சிறிது சிறிதாகக் கொடுத்தால் ஆஸ்துமா குணமாகும். 11. வெந்தயம் 1 தேக்கரண்டி ஊறவைத்து இஞ்சி 1 தேக்கரண்டியுடன் 1 தேக்கரண்டி தேன் சேர்த்து இரண்டு மடங்கு காலை மாலை குடித்தால் ஆஸ்துமா குணமாகும். 12. பாகற்காய் வேர் ஆஸ்துமா நோயிற்கு மருந்தாக		

			பயன்படுத்தப்பட்டு வருகின்றன. ஒரு மாதம் இரவு முழுவதும் துளசியுடன் தேன் கலந்து அல்லது பழச்சாறுடன் ரூட் பேஸ்ட் ஒரு தேக்கரண்டி கலந்து குடித்தால் ஆஸ்துமா நோய் குணமாகும். இதனையே மிகச்சிறந்த மருந்தாக பயன்படுத்துகின்றனர். 13. முருங்கை கீரையுடன் 180 மி.லி தண்ணீர் சேர்த்து ஐந்து நிமிடம் கொதிக்க வைத்து ஆற வைத்து சிறிதளவு உப்பு, மிளகுதூள், எலுமிச்சை சாறு சேர்த்து சாப்பிட்டால் ஆஸ்துமா குணமாகும். 14. ஆஸ்பிரின் மருந்துகளை தவிர்க்கவேண்டும். 15. கூடான காபி கபம் குடித்தால் மார்பு மற்றும் தொண்டை இறுக்கமடைதல் குணமாகும். 16. பால் பொருட்களை தவிர்க்க வேண்டும். **சுற்றுசூழல் பாதுகாப்பு:-** ➔ காற்றில் பரவும் ஒவ்வாமையினை தடுக்க சுற்றுச்சூழலை மாற்றி அமைக்கவேண்டும் ➔ வீட்டை சுத்தம் செய்தல் ➔ தண்ணீரை சுத்தம் செய்தல் ➔ போர்வை, தலையணைகளை ஓர் இடத்தில் திணிக்காமல் வைக்கவும் பின்னர் இதனை 10-14 நாட்களுக்கு ஒருமுறை 103 டிகிரி ஊ வரை சூடான		

			நீரில் துவைக்கவேண்டும். ➔ கரப்பான் பூச்சிகளை அகற்றுதல் ➔ வீட்டில் புகை பிடிப்பதையும் மற்றும் செல்லபிராணிகள் வளர்ப்பதையும் தடுக்கவேண்டும் **பிராங்கியல் ஆஸ்துமாவின் தடுப்பு நடவடிக்கை:-** ★ வீட்டை தினமும் சுத்தமாகவும் தூசியிலிருந்து துடைத்தும் வைத்து இருக்கவும். ★ புகை பிடிப்பதை நிறுத்த வேண்டும். ★ புகை பிடிப்பவர்கள் அருகில் இருக்க கூடாது. ★ வீட்டின் முன்னோ அல்லது உள்ளையோ புகை பிடிப்பதை தடுக்கவேண்டும். ★ நபர் முன்னால் பூச்சிக்கொல்லி மருந்து ஸ்பிரேக்களை பயன்படுத்தகூடாது. ★ வீட்டிற்கு முன்னால் மரக்கட்டைகளை எரிக்ககூடாது. ★ நபர் முன்னால் கொசு சுருள் அல்லது ஊதுவத்திகளை வைத்திருக்கக்கூடாது ★ ஒவ்வாமை காரணிகளை தடுக்க வேண்டும். ★ தூசிகளிலிருந்து தவிர்க்க வேண்டும். ★ பனிபடர்ந்த குளிர்கால தட்பவெப்பநிலையை தவிக்கவேண்டும்.		

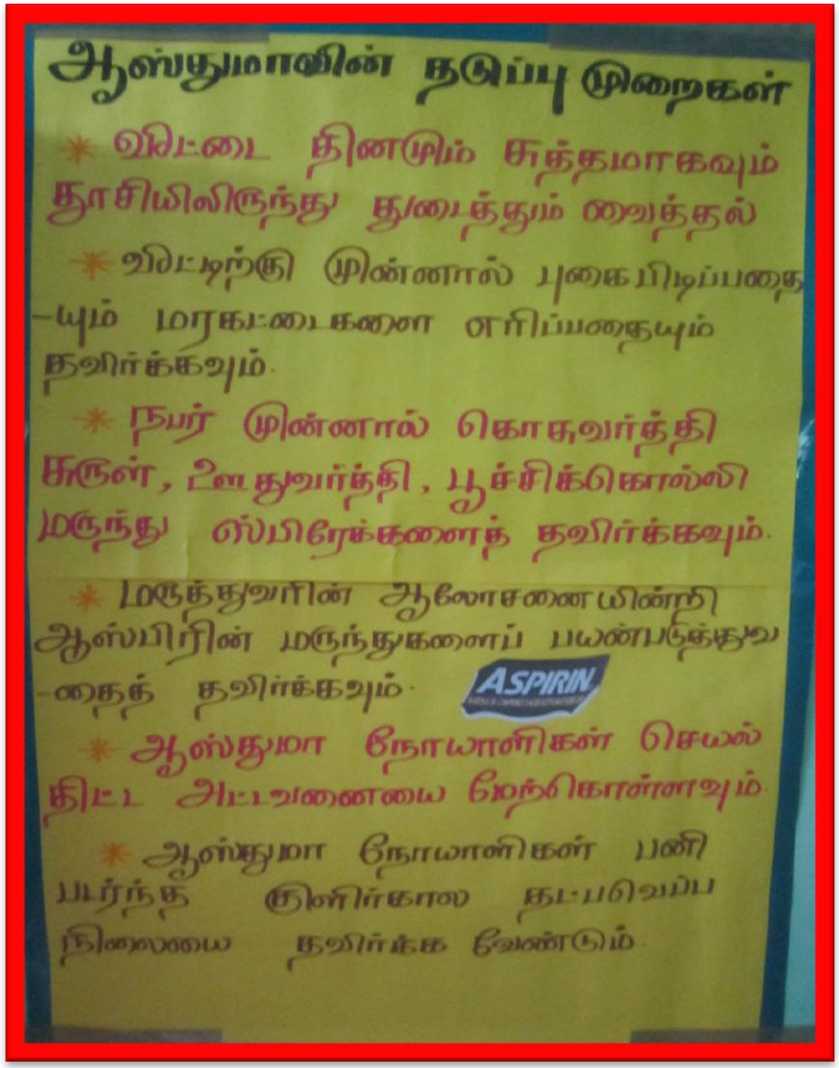
			செயற்திட்டம்:- ★ ஆஸ்துமா நோயாளிகள் உடல்நிலையை சீராக மருந்துகள் கொடுத்து பாதுகாக்க வேண்டும். ★ ஆஸ்துமா நோயாளிகள் பட்டியல் இட்டு ஒவ்வாமைகளை தவிக்கவேண்டும். ★ சுவாச பிரச்சனைகளை தொடக்கத்திலே மருத்துவரையோ அல்லது செவிலியரையோ அணுகி சிகிச்சை மேற்கொள்ளவேண்டும். ★ மருத்துவர் பட்டியலிட்ட மருந்துகளை சரியான நேரங்களில் உட்கொள்ளவேண்டும். ★ சரியான தொடர்ச்சியான சிகிச்சை மேற்கொள்ளவேண்டும்.		

AUDIO VISUAL AIDS

FUNCTIONS OF LUNGS

CAUSES OF BRONCHIAL ASTHMA

PREVENTION OF BRONCHIAL ASTHMA



HOME REMEDIES OF BRONCHIAL ASTHMA

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Sakthi. B.UMADEVI
CORRESPONDENT

Dr. N. KOKILAVANI, M.Sc.(N), M.A., M.Phil., Ph.D.,
Principal.

Ref: APCON/NURSING/2011-12/

To

The President,
Keezhseesamangalam Village,
Kancheepuram District.

Sir,

Sub: Requesting permission for Research Project – M.Sc. (Nursing) –Reg.

*****

Greetings from Principal, Adhiparasakthi College of Nursing, Melmaruvathur. This is for your kind information that one of our post graduate M.Sc.(Nursing) II year student **Mr. V. KAVIYARASAN** is planning to conduct a Research Project on **"Effectiveness Of Structured Teaching Programme To Have Knowledge Home Management in Bronchial Asthma Among Selected Population At Keezhseesamangalam"**, under The Tamil Nadu Dr. M.G.R. Medical University, Chennai. So we request you to kindly permit our student to conduct his research in your Keezhseesamamgalam village. Kindly consider and do the needful.

Thanking you,

ADHIPARASAKTHI COLLEGE OF NURSING MELMARUVATHUR 603 319

PRINCIPAL

PRINCIPAL
ADHIPARASAKTHI COLLEGE OF NURSING
MELMARUVATHUR - 603 319
TAMILNADU

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool developed by **Mr. V. KAVIYARASAN, M.Sc.(N), Branch I MEDICAL SURGICAL NURSING** Student of Adhiparasakthi College of Nursing Melmaruvathur, for his study on ***"EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME TO HAVE KNOWLEDGE OF HOME MANAGEMENT IN BRONCHIAL ASTHMA AMONG SELECTED POPULATION AT KEEZHSEESAMANGALAM VILLAGE, KANCHEEPURAM DISTRICT"*** is validated by the under signed and this may be proceeded with this tool to conduct the main study.

Place:

Date:

Signature

PRINCIPAL
College of Nursing
SAVEETHA UNIVERSITY
CHENNAI-77.